

UH 470 A203 qC9h 1946

14231500R



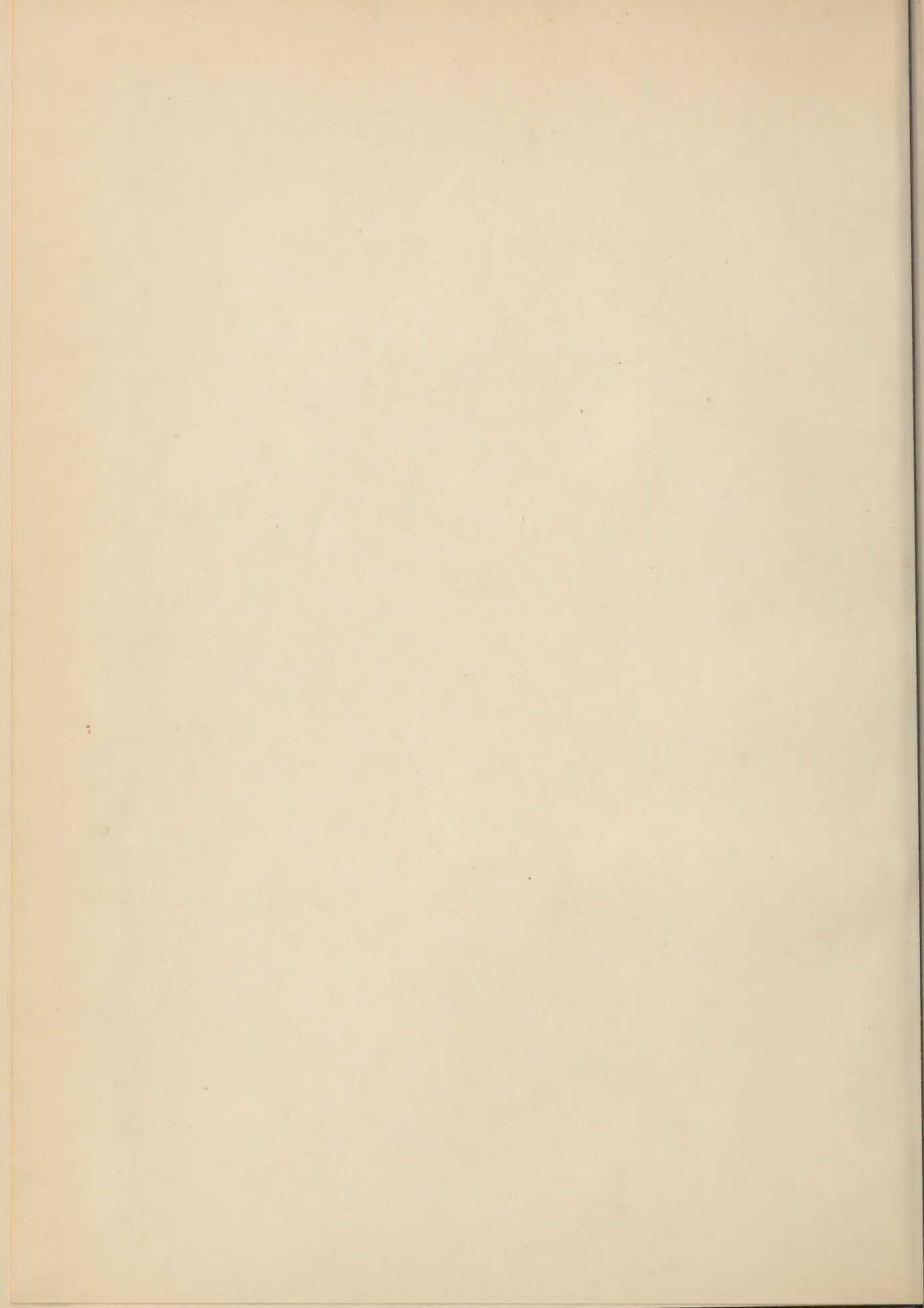
NLM 05100599 0

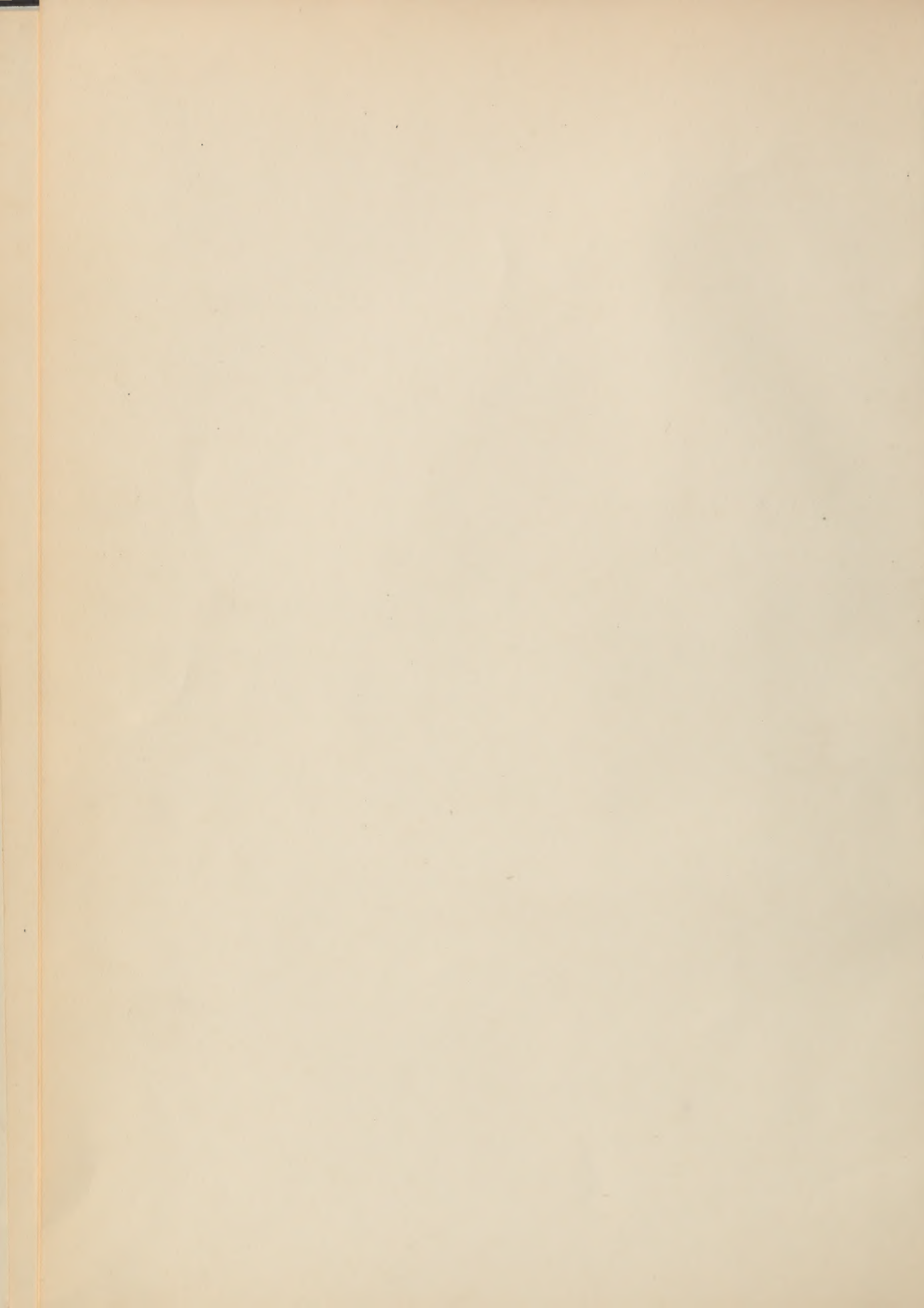
NATIONAL LIBRARY OF MEDICINE

ARMY MEDICAL LIBRARY
FOUNDED 1836



WASHINGTON, D.C.







GEORGE W. CRILE
Brigadier General, U.S. Army (M.C.)
1864-1943

UH
470
A203
9C9h
1946

GEORGE W. KELLY

(Lieutenant Colonel, U.S. Army (R.C.))

1946-1947



U.S. Army, Crile General Hospital, Cincinnati, O.

ARMY SERVICE FORCES
FIFTH SERVICE COMMAND
CRILE GENERAL HOSPITAL
CLEVELAND 9, OHIO

HR

1 January 1946

PREFACE TO HOSPITAL REGULATIONS

Within the current three months, we have lost nearly fifty percent of our hospital staff, including a complete change in our headquarters' staff. Demobilization will continue at a rapid rate. Replacements will be slow and less experienced. It behooves us all, therefore, to have a common understanding of rules and procedures, as well as simplified practices, to increase our efficiency.

In late November 1945, our Commanding Officer requested a complete revision and issue of Hospital Regulations as one means to aid the coordination of our efforts. To speed up the accomplishment, every Chief of department was requested to write those pertaining to his office. Everyone has responded creditably to the interests of all, not without improving their own conceptions of administration. Like the quality of mercy, the acts have been twice blessed - "it blesseth him that gives and him that receives".

Every American game is played by rules and regulations. An institution of this size can be no exception if we are to fulfill our mission. Foul plays and lack of cooperation and coordination will defeat our purpose of restoring men to health and happiness. It is with this spirit in mind, that every individual is urged to comply, to render service and to live the sentiments of the verse of Samuel Walter Foss:

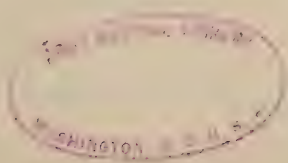
"Let me live in a house by the side of the road,
Where the race of men go by --
Men who are good, and men who are bad,
As good or as bad as I.

I would not sit in the scorner's seat,
Nor hurl the cynic's ban --
Let me live in a house by the side of the road,
And be a friend to man."

FOR OUR COMMANDING OFFICER:

C. V. Morgan

CLIFFORD V. MORGAN
Colonel, Med Corps
Executive Officer



385218

HISTORY

Crile General Hospital is an army hospital located 12 miles southwest of Cleveland, Ohio, serving an area within a 50-mile radius. The reservation covers 152 acres and contains 86 semi-permanent red brick buildings. Construction began 13 April 1943. The installation was originally known as a U. S. Army General Hospital. Activation date was 30 March 1944 per telegram from The Surgeon General. The first surgical operation was performed 3 April 1944. Sec. I, War Dept. G.O. No 48, Aug 1943, changed the designation to Crile General Hospital in memory of the late Dr. George W. Crile, famed Cleveland surgeon who commanded Cleveland's Lakeside Medical Unit in World War I. Formal dedication occurred Friday, 21 April 1944.

Primarily established for treatment of general, orthopedic, plastic and ophthalmological surgery; general medical and neuropsychiatric cases in both closed and open wards, the institution is equipped with the most modern facilities for the care and treatment of nearly all types of cases.

Constructed at a cost of approximately \$4,500,000, the institution became one of the largest army general hospitals in the United States. To this original cost, over \$1,000,000 has been added by improvements, maintenance and repair. It was built to provide beds for approximately 1,725 patients, but due to diversion of enlisted men's barracks to hospital wards and conversion of certain wards to Post Library, Reconditioning Service and other activities, the present normal capacity is 1,875 beds, easily expandable to over 2,400 beds. Present SGO authorized bed capacity is 1,957.

The first convoy of overseas patients arrived in Cleveland on 8 April 1944 directly from the hospital ship which brought them back to the States from the ETOUSA. The peak load occurred during July 1945 with 3,097 patients, 2052 occupied beds, 1,045 absentees on furlough, etc.

Authorized Operating Personnel 20 December 1945 totals:

	<u>Authorized Strength</u>	<u>Actual Strength</u>
TOTAL OPERATING PERSONNEL -	1,573	1,425
Officers, total	132	159
Medical Officers included	70	70
Nurses, dietitians, etc.	157	178
Enlisted men	363	357
T/O Units: - WAC & Band	231	81
Civilian Personnel	---	650
Subject to Pub Law 49	290	248
Not subject to Pub Law 49	Unlimited	402
POW's	225	225

Complete historical data may be found at CGH or AGO.

HOSPITAL REGULATIONS)
NO. 1-5)

HR 1-5
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

ALPHABETICAL INDEX

<u>Subjects & Titles</u>	<u>HR NO.</u>
Abbreviations, authorized -	
Clinical Records	40-1030
Correspondence	340-15
Medical	40-40
Surgical	40-60
Accident Prevention, Safety and	100-100
Adjutant - Administrative Division	15-5
Administration -	
Hospital	210-10
Post	210-10
Ward	40-90
Administration Division, Patients	40-1020
Administrative Assistants	40-30
Administrative Division	15-5
Administrative Officer of the Day	15-10
Admission of Patients	40-1110
Advocate, Judge	25-5
Affairs, Personal	40-820
Air Transportation	55-25
Allergy	40-40
Allotments and Deductions - Enlisted Patients	40-1320
American National Red Cross	850-75
Anesthesia	40-60
Army Exchange	210-65
Army Nurse Corps & Nursing Service	40-20
Assistants, Administrative	40-30
Athletics	850-120
Autopsies	600-550
Awards & Decorations - Patients	40-1330
AWOL, Control Policy for Patients	40-1240
Bacteriology	40-305
Baggage of Patients, Clothing &	40-1210
Band	250-5
Billeting	15-40
Blood for Transfusions	40-1715
Boards, Councils and Committees	400-5
Brace Shop	40-60
Buildings & Grounds Vac.	
Burials - Mortuary Operations	30-50
Cadet Nurses	40-730
Cardio-Vascular Renal	40-40
Central Supply	40-60
Chaplains	60-50
Chemical Warfare Service	50-5
Chemistry	40-305
Cinema	210-390

Civilian Guards, - Military Police & Prison	40-920
Civilian Personnel	600-5
Claims	15-15
Classification & Assignment of Officers - Patients	40-1340
Clearance, Disposition &	40-1130
Clinical Photography	40-60
Clinical Records	40-1030
Clothing & Baggage of Patients	40-1210
Clubs -	
NCO	40-720
Officers	850-80
Commanding Officer	210-10
Commissary, Sales	30-2225
Commissioned Officers - Personnel	600-5
Committees - Boards, Councils and	400-5
Communicable Diseases	40-40
Communications -	
Correspondence	340-15
Signature of	10-15,
	10-10
Telegraph	105-25
Telephone	105-20
Conduct of Patients	40-1220
Contracting, Purchasing &	30-25
Control Officer	10-25
Correspondence	340-15
Councils, Boards and Committees	400-5
Counseling -	
Patients	40-1405
Separation Branch	40-1405
Deaths	40-1060
Decorations, Awards & - Patients	40-1330
Deductions of Pay, EM Patients	40-1320
Dental Service	40-15
Dermatology	40-40
Detachment - Enlisted Men	40-710
Detachment of Patients Branch	40-1205
Detachment -	
Reconditioning	40-750
Womens' Army Corps	40-740
Diets and Eating on the Ward	40-90
Disability - Discharge of EM	40-1070
Discharge for Disability - Officers Retirement	40-1070
Discipline of Patients	40-90,
	40-1220
Diseases & Injuries Due to Patients Own Misconduct	40-1040
Dispensary - Out-Patient Service	40-550
Disposition & Clearance	40-1130
Disposition of Patients	40-1105

Educational Program - American Red Cross	850-75
	40-70
Educational Reconditioning	40-70
Education, Information &	40-810
EENT	40-60
Engineer	100-5
Enlisted Men -	
Detachment	40-710
Personnel	600-5
Exchange -	
Army	210-65
Laundry	30-2135
Post	210-65
Property (See Purchasing)	
Executive Officer	10-10
Eye, Plastic Lab	40-60
Eye Section	40-60
Films, Storage	40-80
Fire Regulations	100-50
Fiscal Division	35-5
Fixed and Telephone Communications Systems	105-20
Forms Control	15-35
Funds -	
Army Exchange	210-65
Auditing	35-5,
	210-50
Central Post	210-50
Hospital	210-60
Non-appropriated	210-50
Post Exchange	210-65
Trust	210-50
Welfare	210-50
Funds and Valuables	40-1120
Furloughs, Passes & Sick Leave - Patients	40-1230
Gambling	40-90,
	40-1220
Genito-Urinary	40-60
Grounds Vacated, Building &	100-25
Guards, - Civilian, Military Police & Prison	40-920
Hematology	
Hospital Administration, Post and	210-10
Hospital Regulations - General Provisions	1-15
Index - Alphabetical	41-5
Individual Services	40-805
Infirmary	40-550
Information & Education	40-810
Injuries, Diseases & - Due to Patients Own Misconduct	40-1040

Inspector, Medical	20-5
Intelligence, Security &	40-905
Judge Advocate	25-5
Laboratory Service	40-305
Laundry	30-2135
Liaison Activities	10-45
Library -	
Medical	40-405
Post	210-70
Line of Duty - Diseases & Injuries	40-1040
Local Purchase	30-25
Medical Inspector	20-5
Medical Library	40-405
Medical Service	40-40
Medical Supplies	40-1705
Mess Division	210-60
Military Personnel	600-5
Military Police & Prison & Civilian Guards	40-920
Misconduct - Disease and Injury Due to Patients Own	40-1040
Misconduct, Patients	40-1220
Mortuary Operations - Burials	30-50
Motion Picture Service	210-390
Motor Transportation	55-15
Neuropsychiatry	40-40
Non-appropriated Funds	210-50
NCO Club	40-720
Nurses, Cadet	40-730
Nursing Service, Army Nurse Corps &	40-20
Occupational Therapy	40-70
Officer of the Day -	
Administrative	15-10
Chaplains	60-5
Dental	40-15
Medical	40-10
NP	40-10,
	40-40
Surgical	40-10,
	40-60
Officer Patients	40-1340
Officers -	
Medical	40-40
Surgical	40-60
Officers Club	850-80
Officers of the Day - Professional	40-10
Officers Retirement - Discharge for Disability	40-1070
Operating Room	40-60
Operations and Training Division	40-705
Ordnance	45-5

Organization	10-16
Orthopedics	40-60
Out-Patient Service - Dispensary	40-550
Pamphlets - List of Current & Suspended	1-10
Passes & Sick Leave, Furloughs - Patients	40-1230
Pathology	40-305
Patients Administration Division	40-1020
Patients -	
Administration	40-1110
Allotments and Deductions from Pay, EM	40-1320
Autopsies	600-550
Awards and Decorations	40-1330
AWOL Control Policy	40-1240
Baggage	40-1210
Blood for Transfusions	40-1715
Conduct of	40-1220
Counseling	40-1405
Decorations	40-1330
Detachment	40-1205
Discharge for Disability	40-1070
Disposition	40-1130
Furloughs, Passes and Sick Leave	40-1230
Gambling	40-1220,
	40-90
Officers, Classification and Assignment	40-1340
Officers Retirement	40-1070
Passes	40-1230
Pay of Enlisted Men	40-1310
Receiving	40-1105
Records, Clinical	40-1030
Records, Clothing and Baggage	40-1210
Separation Counseling	40-1405
Seriously Ill	40-1050
Sick Leave	40-1230
Transfer Between Wards	40-1140
Uniform	40-1220
Vehicles on Post	850-10
Patients Personnel Branch	40-1305
Pay of Patients - Enlisted Men	40-1310
Personal Affairs	40-820
Personnel	600-5
Pharmacy	40-50
Photography -	
Clinical	40-60
Public Relations	10-35
Reconditional Classes	40-70
Physical Examinations	40-550
Physical Inspections of Hospital	20-5,
	210-10

Physical Reconditioning	40-60
Physical Therapy	40-60
Plans and Training	40-705
	40-760
Plastic - Hand,	40-60
Eye	
Maxillo-facial	
Police, Military - Prison & Civilian Guards	40-920
Pool -	
Blood Bank	40-1715
Motor	55-15
Swimming	850-130
Post and Hospital Administration	210-10
Post Exchange	210-65
Post Library	210-70
Post-Mortem Examinations	600-550
Post Office	15-30
Prison - Military Police & Civilian Guards	40-920
Professional Officers of the Day	40-10
Publications	15-35
Public Relations	10-35
Purchasing & Contracting	30-25
Quartermaster	30-5
Rail & Air Transportation	55-25
Receiving & Disposition Branch	40-1105
Reconditioning	40-70
Reconditioning Detachment	40-750
Records Administration	15-50
Records -	
Clinical	40-1030
Safeguarding	15-50
Red Cross, American National	850-75
Registrar Branch - Record & Report of S & W	40-1025
Registration of Vehicles on Post	850-10
Regulations -	
Army Hosp, etc.	1-15
Changes	1-15
File	100-50
Hospital, General Provisions	1-15,
	210-10
Post	1-15,
	210-10
Retirement, Officers	40-1070
Roentgenological Service	40-80
Safety and Accident Prevention	100-100
Sales Commissary	30-2225
Salvage	700-25
Security & Intelligence	40-905
Separation Counseling Branch	40-1405
Seriously Ill Patients	40-1050

Serology	40-305
Sick & Wounded, Record & Report of - Registrar Branch	40-1025
Sick Leave, Furloughs, Passes & - Patients	40-1230
Signal Officer	105-5
Special Services	40-830
Supplies -	
Chaplain	60-5
Chemical Warfare	50-5
Clinics and Wards	40-90
Engineers	100-5
Medical	40-1705
Ordnance	45-5
Quartermaster	30-5
Signal	105-5,
	40-1705
Transportation	55-15
Surgical Service	40-60
Swimming Pool	850-130
Telegraph Communications	105-25
Telephone Communications Systems, Fixed and	105-20
Training Division, Operations and	40-705
Training, Plans and	40-760
Transfer between Wards	40-1140
Transfusions, Blood for	40-1715
Transportation -	
Air	55-25
Baggage	40-1210
Patients	55-15,
	55-25
Rail	55-25
Registration of Vehicles	850-10
Uniform, Wearing of the	600-40
Urinalysis	40-305
Vacated Buildings	100-25,
	100-5
Valuables, Funds and	40-1120
Vehicles, Registration of on Post	850-10
Government Use of	55-15
Visiting Hours	15-45
Visitors & Visiting Hours	15-45
Ward Administration	40-90
Wards, Transfer of Patients	40-1140
Wearing of the Uniform	600-40
Womens' Army Corps -	
Detachment	40-740
Personnel	600-5
Uniform	600-40
Womens'	
Medical	40-40
Surgical	40-60
X-Ray	40-80



HOSPITAL REGULATIONS)
NO. 1-10)

HR 1-10
CRITE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

HOSPITAL REGULATIONS

LIST OF CURRENT AND SUSPENDED PAMPHLETS

Section I Current Pamphlets
 II Suspended Pamphlets

Section I

CURRENT PAMPHLETS

No	Title	Date
1 - 5	Index - alphabetical	1 Jan 46
1 - 10	List of Current & Suspended Pamphlets	" " "
1 - 15	Hospital Regulations - General	" " "
	Provisions	" " "
10 - 10	Executive Officer	" " "
10 - 15	Organization	" " "
10 - 25	Control Officer	" " "
10 - 35	Public Relations	" " "
10 - 45	Liaison Activities	" " "
15 - 5	Adjutant - Administrative Division	" " "
15 - 10	Administrative Officer of the Day	" " "
15 - 15	Claims	" " "
15 - 30	Post Office	" " "
15 - 35	Publications - Forms Control	" " "
15 - 40	Billeting	" " "
15 - 45	Visitors & Visiting Hours	" " "
15 - 50	Records Administration	" " "
20 - 5	Medical Inspector	" " "
25 - 5	Judge Advocate	" " "
30 - 5	Quartermaster	" " "
30 - 25	Purchasing & Contracting	" " "
30 - 50	Burials - Mortuary Operations	" " "
30 - 2135	Laundry	" " "
30 - 2225	Sales Commissary	" " "
35 - 5	Fiscal Division	" " "

No	Title	Date
40 - 10	Officers of the Day - Professional	1 Jan 46
40 - 15	Dental Service	" " "
40 - 20	Army Nurse Corps & Nursing Service	" " "
40 - 30	Administrative Assistants	" " "
40 - 40	Medical Service	" " "
40 - 50	Pharmacy	" " "
40 - 60	Surgical Service	" " "
40 - 70	Reconditioning	" " "
40 - 80	Roentgenological Service	" " "
40 - 90	Ward Administration	" " "
40 - 305	Laboratory Service	" " "
40 - 405	Medical Library	" " "
40 - 550	Dispensary - Out-Patient Service	" " "
40 - 705	Operations and Training Division	" " "
40 - 710	Detachment - Enlisted Men	" " "
40 - 720	Clubs - NCO	" " "
40 - 730	Cadet Nurses	" " "
40 - 740	Detachment - Womens' Army Corps	" " "
40 - 750	Reconditioning Detachment	" " "
40 - 760	Plans and Training	" " "
40 - 810	Information & Education	" " "
40 - 820	Personal Affairs	" " "
40 - 830	Special Services	" " "
40 - 905	Security & Intelligence	" " "
40 - 920	Military Police & Prison & Civilian Guards	" " "
40 - 1020	Patients Administration Division	" " "
40 - 1025	Registrar Branch - Records & Report of S & W	" " "
40 - 1030	Clinical Records	" " "
40 - 1040	Diseases & Injuries Due to Patients Own Misconduct	" " "
40 - 1050	Seriously Ill Patients	" " "
40 - 1060	Deaths	" " "
40 - 1070	Discharge for Disability - Officers Retirement	" " "
40 - 1105	Receiving & Disposition Branch	" " "
40 - 1110	Admission of Patients	" " "
40 - 1120	Funds and Valuables	" " "
40 - 1130	Disposition & Clearance	" " "
40 - 805	Individual Services	" " "
40 - 1140	Transfer between Wards	" " "
40 - 1205	Detachment of Patients Branch	" " "
40 - 1210	Clothing & Baggage of Patients	" " "
40 - 1220	Conduct of Patients	" " "
40 - 1230	Furloughs, Passes & Sick Leave - Patients	" " "
40 - 1240	AWOL - Control Policy for Patients	" " "
40 - 1305	Patients Personnel Branch	" " "
40 - 1310	Pay of Patients - Enlisted Men	" " "
40 - 1320	Allotments and Deductions - Enlisted Patients	" " "

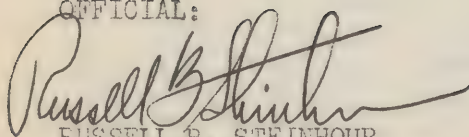
No	Title	Date
40 - 1330	Awards & Decorations - Patients	1 Jan 46
40 - 1340	Classification & Assignment of Officers - Patients	" " "
40 - 1405	Separation Counseling Branch	" " "
40 - 1705	Medical Supplies	" " "
40 - 1715	Blood for Transfusions	" " "
45 - 5	Ordnance	
50 - 5	Chemical Warfare Service	" " "
55 - 15	Motor Transportation	" " "
55 - 25	Rail & Air Transportation	" " "
60 - 5	Chaplains	" " "
100 - 5	Engineer	" " "
100 - 25	Buildings & Grounds Vacated	" " "
100 - 50	Fire Regulations	" " "
100 - 100	Safety and Accident Prevention	" " "
105 - 5	Signal Officer	" " "
105 - 20	Fixed and Telephone Communications Systems	" " "
105 - 25	Telegraph Communications	" " "
210 - 10	Post and Hospital Administration	" " "
210 - 50	Non-appropriated Funds	" " "
210 - 60	Mess Division	" " "
210 - 65	Post Exchange	" " "
210 - 70	Post Library	" " "
210 - 390	Motion Picture Service	" " "
250 - 5	Band	" " "
340 - 15	Correspondence	" " "
400 - 5	Boards, Councils and Committees	" " "
600 - 5	Personnel	" " "
600 - 40	Wearing of the Uniform	" " "
600 - 550	Autopsies	" " "
700 - 25	Salvage	" " "
850 - 10	Registration of Vehicles on Post	" " "
850 - 75	American National Red Cross	" " "
850 - 80	Officers Club	" " "
850 - 120	Athletics	" " "
850 - 130	Swimming Pool	" " "

Section II
SUSPENDED PAMPHLETS

No	Title	Date	Suspended
CGH	Hospital Regulations	15 Feb 1944	1 Jan 1946

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATION)
NO. 1-15)

HR 1-15
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

HOSPITAL REGULATIONS

General Provisions

	Paragraph
Force and Effect	1
Scope; Related Administrative Publications	2
Form and Arrangement	3
Effective Dates	4
Conflict Among Regulations	5
Authoritative References	6
Rescissions	7

1. FORCE AND EFFECT. -

a. The President, who is the constitutional Commander in Chief of the Army, has vested authority in the Commanding Officer, Crile General Hospital by military and executive orders and regulations through these military channels:

- (1) Secretary of War.
- (2) Commanding General, Army Service Forces.
- (3) Commanding General, Fifth Service Command;

and through technical channels from The Surgeon General, U. S. Army, through The Surgeon, Fifth Service Command and Medical Supply Depots. Within their scope, therefore, administrative regulations so made and published have the force and effect of law to the elements of this command; and to those whom they concern, they are binding and conclusive. Their legal force and effect are subordinate to statute laws, executive orders, court decisions, and decisions of higher authority.

b. Command may be exercised through the Executive Officer, who directly represents him, the Chiefs of Services and Divisions, and through the chain of command of this organization. HR 10-15. In lieu of a Chief of Staff, the Executive Officer advises, plans, develops, and executes the hospital program. HR 10-10.

c. Hospital Regulations are published under the authority conferred on the post commanders by AR 210-10, AR 600-20, AR 40-590, and AR 40-600. These provisions have the force and effect of law with respect to all members of this command and their violation is punishable under the applicable Articles of War. They are authenticated as representing the acts, directions and orders of the Commanding Officer. HR 15-5.

d. The Commanding Officer of the hospital is responsible for the formulation and enforcement of such hospital rules and regulations as are necessary for the guidance of patients and duty personnel. Rules will be kept posted in appropriate places to be easily seen and read by those persons to whom they are applicable. Par 21, AR 40-590.

2. SCOPE: RELATED ADMINISTRATIVE PUBLICATIONS. -

a. Hospital Regulations are the primary administrative regulations for the government of this command, however, changes and related material may appear in other forms;

- (1) Hospital Bulletin (daily).
- (2) Hospital Circulars, Letters, and Memoranda.
- (3) General or Special Orders.

b. The activities of this command are based primarily upon all directives from higher authorities:

- (1) Army Regulations. AR 1-5; AR 1-10.
- (2) War Department Publications. FM 21-6.
- (3) Army Service Forces Publications. ASF M 800.
- (4) Fifth Service Command Directives, Letters and Publications.
- (5) The Surgeon General's Office Publications.
- (6) Medical Supply Depot Memoranda.

3. FORM AND ARRANGEMENT. -

a. The size, style and format of Hospital Regulations have been determined for the convenience of the users and in general are based upon a form and numbering system of Army Regulations where applicable.

b. The system has been designated individual numbers to those regulations pertaining primarily to a specific, limited subject for conciseness and ease in revision. Like AR's, the preceding number represents a group, such as 30 - for Quartermaster, 40 - for Medical, 600 - for Personnel.

c. Changes will be issued in the daily Hospital Bulletins and corrections of Hospital Regulations will be made on individual copies by the responsible persons. Complete revisions will be issued as new publications bearing the notation that they supersede previous issues; when received, the rescinded HR may be destroyed. An alphabetical index is published in HR 1-5; numerical listing in HR 1-10.

d. Distribution will be made to all departments of the hospital, all officers and nurses and other persons requiring the use of HR. Accountability is charged to the Adjutant but no property responsibility is involved. Officers and nurses may consider their copies as personal property.

4. EFFECTIVE DATES. - The effective date of any new or revised Hospital Regulations or changes will be the date appearing on the document unless otherwise indicated.

5. CONFLICT AMONG REGULATIONS. - In case of conflict between provisions of any Hospital Regulations with one another or with publications from higher authority, attention will be directed to the Adjutant for correction.

6. AUTHORITATIVE REFERENCES. -

a. AR 1 - 5, 1 Jan 46, Index to Army Regulations.

b. AR 1-10, 1 Jan 46, AR - List of Current and Suspended Pamphlets.

c. AR 40-590, 29 Aug 44, Administration of Hospital, General Provisions.

d. AR 40-600, 6 Oct 42, Medical Department General Hospitals.

e. AR 210-10, 20 Dec 40, Post Administration.

f. AR 600-20, 1 June 42, Personnel; Command.

g. FM 21-6, 10 Dec 45, List and Index of War Department Publications.

h. ASF M 800, 1 Nov 45, List and Index of ASF Publications.

7. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 10-10)

HR 10-10
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio.
1 January 1946.

EXECUTIVE OFFICER

	Paragraphs
Duties	1
Inspections and Investigations	2
Signature for Commanding Officer.....	3
Authentication of Orders	4
Additional Duties	5
Authoritative References	6
Rescissions	7

1. DUTIES. - The executive officer is charged under the direction of the commanding officer with the coordination of all activities of the hospital and such additional duties as may be prescribed by the commanding officer. All questions arising in the hospital on which a decision must be rendered, unless they are of a major character or are ones of policy, are decided by the executive officer in the name of the commanding officer. Until the executive officer is thoroughly conversant with policies of the commanding officer, all questions should be submitted to the commanding officer if there is any possibility of doubt as to what his desires in the matter may be. The decision of the commanding officer is final and the executive officer must carry it out. Loyalty must always be the keyword of this position. TM 8-260.

2. INSPECTIONS AND INVESTIGATIONS. -

a. Make periodic audits of inventories and records of alcohol and narcotics

b. Conduct inspections of conditions of discipline, training, and morale; inspect physical facilities and equipment; make special inspections and audits of funds and property, as directed.

c. Investigate complaints of detachment and patient personnel. TM 8-262.

3. SIGNATURE FOR COMMANDING OFFICER. - The executive officer is authorized to sign all communications or to issue instructions in the name of the commanding officer unless specifically denied by higher authority. AR 340-20.

4. AUTHENTICATION OF ORDERS. - The authentication is that part of an order which makes it a directive. It contains the command line, signature and "official" section. The chief of staff normally signs an order. In a command which does not have a chief of staff,

the typed signature of the adjutant is placed in this section. Under no circumstances is the typed signature of an executive officer placed on an order. TM 12-256.

5. ADDITIONAL DUTIES. -

- a. Chairman, Reconditioning Council. TM 8-262.
- b. Chairman, Post Planning Board. Order, 5th SvC.

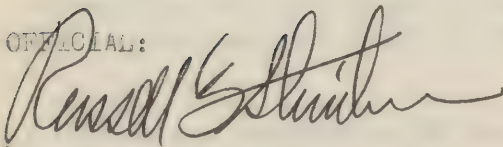
6. AUTHORITATIVE REFERENCES. -

- a. Reconditioning Council - Par 9, CGH S.O. 33, 7 Feb 1945 (ASF Cir No 419, Part II, Par 3, dated 22 Dec 44)
- b. Post Planning Board.
 - (1) Letter Hq, 5th SvC, file: SPVSE-U 319.2 Crile GH, 22 January 1945; Part III, R-U Manual; Chapter II, Engineering Manual.
 - (2) Cir No 131, paragraph 7, 5th SvC, 21 March 1945, subject: Preparation and Submission of WD AGO Form 5-25.
 - (3) S.O. 77, paragraph 2, CGH, 1 Dec 1945.

7. RESCISSIOMS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 10-15)

IR 10-15
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

ORGANIZATION

	Paragraph
General.....	1
Principles of Organization.....	2
Titles of Responsible Officers.....	3
Authority and Duties of Responsible Officer.....	4
Policy Referable to Outside Office Communications.....	5
Authoritative References.....	6
Rescissions.....	7

1. GENERAL. - Under the provisions of AR 170-10 and ASF M 301, this hospital is organized as an activity of the Army Service Forces, Fifth Service Command. The internal organization of the general hospital proper conforms to the provisions of AR 40-590, TM 8-260, TM 8-262 and 5th SvC Directives. Under the organization plan, the functions of units are grouped under; (see organization chart attached)

- a. Professional Services.
- b. Administrative Divisions.
- c. Supply Services.

2. PRINCIPLES OF ORGANIZATION. - The following principles govern organization plans:

- a. Every necessary function will be assigned to a single individual to avoid overlapping or indefinite responsibilities.
- b. Assigned responsibilities will be specific, plainly spoken or written, and readily understood.
- c. The organization chart and plans will indicate to whom each individual is responsible and who are responsible to that individual. No person should have more than one immediate supervisor.
- d. Responsibility for performance of a function must be matched by authority to direct that performance.
- e. Authority for action must be decentralized to units and individuals responsible for actual performance of operations,

To the greatest extent consistent with control over policy and procedures by higher commanders.

f. Military channels of command will be adhered to by all members of this command.

3. TITLES OF RESPONSIBLE OFFICERS. - Heads of Administrative divisions, professional and supply services are designated by descriptive titles identifying their responsibilities and authority, thus: The Executive Office, Post Adjutant, Chief of Surgical Service, Chief of Medical Service, Post Engineer, etc.

4. AUTHORITY AND DUTIES OF RESPONSIBLE OFFICERS. Officers are assigned to specific duties at this General Hospital by the Post Commander under the provisions of AR 210-10 and AR 600-20. Their duties are as indicated in the organization chart, plans, prescribed regulations, special orders or other specific directives. The organizational plan of this post delegates responsibility and authority to all administrative officers for the performance of their assigned duties. Inter-office memoranda will normally be signed by the Chief of Division or Service. This means of communication is to be encouraged where telephone conversation will not suffice.

5. POLICY REFERABLE TO OUTSIDE OFFICIAL COMMUNICATIONS. - It will be the policy of this hospital for relations and contacts with other commands and higher authorities that all official communications - telephone, TWX, or correspondence - be made with authority of this headquarters. Outgoing correspondence will be submitted through military channels for the signature of the Commanding Officer or his designated representative.

6. AUTHORITATIVE REFERENCES. -

a. AR 40-590, 29 Aug 1944, Administration of Hospitals, General Provisions.

b. AR 40-600, 6 Oct 1942, Medical Department, General Hospitals.

c. AR 170-10, 24 Dec 1942, Service Commands and Departments - Administration.

d. AR 210-10, 20 Dec 1940, Posts, Camps and Stations - Administration.

e. AR 600-20, 1 June 1942, Personnel; Command.

f. ASF M 301, 15 Aug 1944, Army Service Forces Organization.

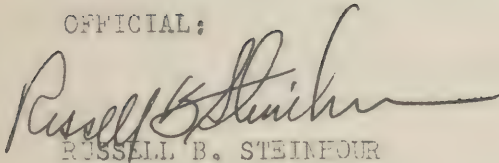
g. TM 8-260, 16 July 1941, Fixed Hospitals of the Medical Department.

h. TM 8-262, Feb 1945, Administration of Fixed Hospitals, Z.I.

7. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON;

OFFICIAL:



RUSSELL B. STEINHOURL

Major, MAC

Adjutant

RUSSELL B. STEINHOURL

Major, MAC

Adjutant

CONTROL OFFICER

1. DUTIES. - The Control Officer

- a. Collects, compiles, tabulates, analyses and evaluates data regarding the efficiency of operations of elements of the command.
- b. Evaluates the efficiency and progress with which plans of the Commanding Officer are executed.
- c. Recommends changes to the Commanding Officer for improvement and simplification of policies, organization, procedure and methods.
- d. Acts as consultant to all elements of the command on matters of organization and procedure.
- e. Conducts Work Simplification Studies, instructs and supervises operating personnel in the application of work simplification techniques.
- f. Reviews all recurring reports for essentiality, form design and content, recommending changes when necessary.
- g. Prepares or supervises analyses necessary to control the overall progress of the work of the command.
- h. Conducts such special studies as are directed by the Commanding Officer.

2. ADDITIONAL DUTIES. -

- a. Work Simplification Officer
- b. Secretary, Local Committee on Suggestions
- c. Member of the Conservation Committee

3. REPORTS. -

a. Work Simplification Reports.

- (1) Number of people assigned to or employed by the installations as of the last day of the preceding month who have been instructed in Work Simplification techniques. Report must reach Hqs, 5th SvC by the fifteenth of the following month.
- (2) List of proposed studies for the month covering at least 8-1/3% of the total 5th SvC operating personnel at the

installation. Selection of studies are such that 20% will be completed by means of the process chart. List sent to reach Hqs, 5th SvC, Attention: Control Division, by the seventh day of the month.

- (3) Work Simplification Report, Reports Control Approval Symbol CG-96, prepared monthly for each completed Work Simplification study embracing any of the following Work Simplification techniques:

Process Chart
Gang Process Chart
Layout (space or flow) Chart
Operation Chart
Job Breakdown

Two copies, to which is attached the Work Simplification study, forwarded to Hqs, 5th SvC, Attention: Control Division, to arrive by the twentieth day of the month.

b. Suggestion Program Reports

- (1) Report on Suggestion Program, WD AGO Form No. 539 prepared and forwarded to Commanding General, 5th SvC, ASF, Fort Hayes, Columbus 18, Ohio, Attention: Awards Committee

4. AUTHORITATIVE REFERENCES. -

a. Work Simplification

- (1) Sec VIII, ASF Cir 276, 19 Jul 45: "Work Simplification Program."
(2) Sec V, ASF Cir 325, 28 Aug 45: "Work Simplification."
(3) Cir 425, 5th SvC, 31 Aug 45: "Work Simplification and Suggestion Program."
(4) Memo No. 24, CGH, 10 Sept 45: "Work Simplification."
(5) Sec XI, ASF Cir 343, 12 Sept 45: "Work Simplification."
(6) Cir 506, 5th SvC, 21 Sept 45: "Work Simplification."

b. Suggestion Program

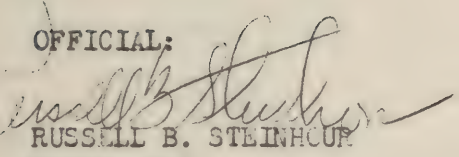
- (1) Civilian Personnel Pamphlet (WD) No 4, June 43: "Operation of Employee Suggestion Program."

- (2) ASF Cir 300, Part I, 12 Sept 44: "Suggestion System, Civilian and Military Personnel."
- (3) ASF Cir 23, Sec I, 19 Jan 45; "Display of Posters."
- (4) Civilian Personnel (WD) Cir No 21, 17 Feb 45: "Employee Suggestions and Cash Awards."
- (5) Letter Hqs, 5th SvC, 27 Apr 45: "Employee Suggestion Program."
- (6) Cir 425, 5th SvC, 21 Aug 45: "Work Simplification and Suggestion Program."
- (7) Civilian Personnel Regulations Number 103, 1-3, Revised 18 Oct 45: "Employees Suggestions and Cash Awards."

5. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

PUBLIC RELATIONS

	Paragraph
General	1
Duties	2
Additional Duties	3
Authoritative References	4
Rescissions	5

1. GENERAL. -

a. Army Public Relations is a function of command. Responsibility for the conduct of Public Relations and for the accuracy of information is that of the Commanding Officer. The Public Relations Office has been established as an operational agency. To discharge these responsibilities a Public Relations Officer is appointed by special orders.

b. The Public Relations Officer will observe all policies established by the War Department, Bureau of Public Relations; Fifth Service Command, Bureau of Public Relations; and the Standing Operating Procedure of the Post pertaining to Public Relations.

2. DUTIES. - The Public Relations Officer will:

a. Advise the Commanding Officer on Public Relations matters in general; in particular, on the relations existing between his command and the civilian population of nearby communities, including liaison with the civilian groups which express an interest in this installation and its personnel.

b. Prepare material and news items pertaining to the command for release to local information media and Headquarters, 5th Service Command.

c. Review material for dissemination through local information media and in the Post Newspaper.

d. Receive all representatives of informational media, local and national, and assist them obtaining desired material dealing with the command.

e. Advise the Commanding Officer on all awards and presentations and will prepare and arrange for the ceremonies involving the awards and presentations of the medals, either to military or civilians.

3. ADDITIONAL DUTIES. -

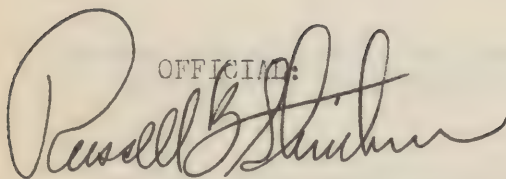
- a. Conservation Committee Member.
- b. Member Qualified Staff, Mortuary Procedure.

4. AUTHORITATIVE REFERENCES. -

- a. W.D.B.P.R. Policy Book for Army Public Relations, as amended, and the Fifth Service Command Supplements (series).
- b. Letters for Public Relations Policy in Public Relations Office file, from 1 June 1944 to 1 Jan 1946, file number 1.
- c. TM 8-260, 16 July 1945, Organization for the General Hospital.
- d. TM 12-240, Jan 1945, Procedure of Deceased Persons in the United States and Alaska.
- e. TM 12-240A, May 1945, Procedure of Deceased Persons in the United States and Alaska.
- f. CGH SO 271, Par 19, 13 Nov 1945, Conservation Committee.
- g. 5th SvC Memo, No 168, 27 Dec 1945, Mortuary Procedures in Emergencies or Major Disasters.

5. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOOR
 Major, MAC
 Adjutant

RUSSELL B. STEINHOOR
 Major, MAC
 Adjutant

LIAISON ACTIVITIES

	Paragraphs
General	1
AAF PDC Hospital Liaison Office	2
Army Ground Forces Liaison Office	3
American Red Cross	4
Veterans Administration	5
War Manpower Commission - US Employment Service	6
Civil Service	7
Veterans Organizations	8
Authoritative References	9
Rescissions	10

1. GENERAL. - Liaison representatives of governmental and civilian agencies named below are authorized to operate within the hospital to perform certain designated functions or render requested assistance to patients, separatees, or military operating personnel. Authorities for operation and specific functions or services authorized are individually cited. Liaison representatives are attached to the staff of the Commanding Officer.

2. AAF PDC HOSPITAL LIAISON OFFICE. - The AAF Personnel Distribution Command Hospital Liaison Officer is authorized under the direction of the Commanding Officer of Headquarters, AFPDC, Louisville, Kentucky, to render such assistance as necessary to solve the problems of AAF patients stationed in the hospital. The functions of this office include identification and accounting for all AAF Personnel in the hospital, interviewing and counseling all AAF patients relative to problems in which this office may be of assistance, assisting the hospital in necessary and proper disposition of AAF patients in accordance with current AAF directives, and administrative aid for AAF patients. Administrative aid includes information for patients on matters such as awards and decorations, pay, baggage, records and allied papers. Promotions are submitted for officers and enlisted men when appropriate. Flights are arranged for patients from the hospital to their homes. Monthly reports are sent to Headquarters AAF, Washington, D. C., and Headquarters, AFPDC, Louisville, Kentucky. (WD Cir No. 176 AAF Ver. 15-4, HIO Manual 80-0-3).

3. ARMY GROUND FORCES LIAISON OFFICE. - The AGF Liaison Officer and his staff are personal representatives of the Commanding General, Army Ground Forces, Washington 25, D. C. The Staff at this installation, consisting of a Senior AGF Liaison Officer and assistants, has the functions of greeting, interviewing, and counseling all AGF patients and conveying to them the appreciation of the Commanding General of the Ground Forces for their services in the field. The AGF Liaison Officer also acts in an advisory capacity to the hospital commander on matters pertaining to AGF patients. Mailing records are kept on each AGF patient so that maximum assistance can be rendered. (Hq, AGF, "Hospital Liaison S. O. P.", AAF Cir No. 175, WD Cir No. 176).

4. AMERICAN RED CROSS. - The Red Cross, under provisions of AR 850-75, has responsibility for:

a. Entertainment and recreation, in cooperation with Special Service Officer, for patients and their guests.

b. Social service contacts with patients' home communities including verification of emergency furloughs, and securing data for social histories.

c. Financial assistance to patients.

d. Assistance to separatees in completion of VA Form 526, Application for Pension (WD Cir No. 308).

e. Reference is made to HR 850-75, CGH, for further information relative to mission and procedures of Red Cross.

5. VETERANS ADMINISTRATION. - The representative of the Veterans Administration is authorized to render on request assistance to servicemen, veterans and their dependents on aspects of laws administered by the Veterans Administration with special reference to benefits, claims and insurance, and to serve as advisor on Veterans Administration Affairs to military counselors. (WD Cir No. 308).

6. WAR MANPOWER COMMISSION - UNITED STATES EMPLOYMENT SERVICE. - The USES Representative is authorized to assist military counselors as requested with respect to employment counseling, job opportunities and job requirements. Representative supplies military counselors with up-to-date employment service informational materials, occupational tools, labor market information and individual advice on related matters. When requested, he interviews separatees presenting particularly difficult or unusual employment problems. (WD Cir No. 308).

7. CIVIL SERVICE. - The Civil Service Representative is authorized to advise patients, separatees and military counselors on matters concerning mandatory reemployment rights of Federal civilian employees being separated from military service, legal privileges, opportunities for employment in the Federal civil service, rights of veterans and their dependents as potential Federal employees. He also assists in the preparation of civil service applications for employment and make arrangements for administering of written tests when appropriate. (WD Cir No. 308).

8. VETERANS ORGANIZATIONS. - Representatives of various veterans organizations may on occasion be authorized by the hospital commander to operate within the hospital when the services afforded will be in the best interests of patients or separatees and within the scope of limitations imposed on such agencies by higher headquarters.

9. AUTHORITATIVE REFERENCES. -

a. AAF PDC Hospital Liaison Officer. -

- (1) WD Cir No. 176, 1945, Sec III, Liaison Personnel.
- (2) Letter, Hq, AAF, file: 15-4, 24 May 45, Report of Patients for Transfer.
- (3) AAF PDC Hospital Liaison Office Manual 80-0-3, Hq, AAF, 1 Sep 44, as supplemented.

b. AGF Liaison Officer. -

- (1) WD Cir 176, 1945, Sec III, Liaison Personnel.
- (2) AGF SOP, Hospital Liaison, undated.
- (3) ASF Cir 115, 30 Mar 45, Part II, Sec IV, Hospital - AGF liaison personnel.

c. American Red Cross. -

- (1) AR 850-75, Employment of American National Red Cross.
- (2) WD Cir No. 308 1945, Sec II, par 7, Authorized Agencies at Installations Effecting Separations from Military Service.
- (3) HR 850-75, CGH, 1 Jan 46, American Red Cross.

d. Veterans Administration. -

- (1) WD Cir No. 308, 1945, Sec II, par 3, Authorized Agencies at Installations Effecting Separations from Military Service.

e. War Manpower Commission - US Employment Service. -

- (1) WD Cir No. 308, 1945, Sec II, par 4, Authorized Agencies at Installations Effecting Separations from Military Service.

f. Civil Service. -

- (1) WD Cir No. 308, 1945, Sec II, par 6, Authorized Agencies at Installations Effecting Separations from Military Service.

10. RESCISSIONS. - None

BY ORDER OF COLONEL EMERSON:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

OFFICIAL:

Russell B. Steinhour
RUSSELL B. STEINHOOR
Major, MAC
Adjutant

ADMINISTRATIVE DIVISION

Adjutant

	Paragraph
Organization	1
Duties	2
Additional Duties	3
Authoritative References	4
Rescissions	5

1. ORGANIZATION. - The Administrative Division will function under the jurisdiction of the Adjutant appointed by the Commanding Officer. It will be subdivided into the following sections:

- a. Claims Branch.
- b. Office Service Branch.
- c. Postal Branch.
- d. Publications Branch.

2. DUTIES OF THE ADJUTANT. - The Adjutant is charged with:

- a. Assisting Commanding Officer and Executive Officer as directed.
- b. Signing routine and other papers in the name of and for the Commanding Officer.
- c. Authenticating, reproducing and distributing post general orders, special orders and other local directives.
- d. Operating a headquarters mail and message center.
- e. Distributing directives received from higher headquarters.
- f. Maintaining post central files.
- g. Supervising the postal service of the Post, and the central storage and issue of War Department and 5th SvC publications.

3. ADDITIONAL DUTIES. -

- a. Member Executive Committee, Post Conservation Program.
- b. Chairman, Publications and Directives, Sub-Committee, Post Conservation Program; Order, Fifth Service Command.
- c. Member, Personnel Reduction Board, Order, Fifth Service Command

4. AUTHORITATIVE REFERENCE. -

a. Adjutant. -

- (1) TM 8-262, 1 July 1945, Chapter 1, Hospital Organization.
- (2) AR 15-5, 15 June 1942, - The Adjutant General.

b. Conservation Program. -

- (1) 5th SvC Cir No 604, 29 Oct 1945, Par 4, - Conservation.
- (2) CGH Memo No 36, 27 Dec 1945, - Conservation.

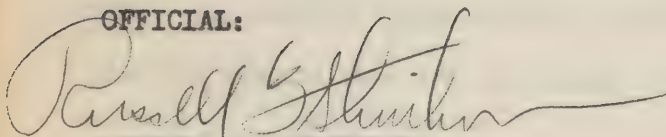
c. Personnel Reduction Board. -

- (1) Letter, Hq 5th SvC; file: SPVPD 200.3, 7 Nov 1945, Reduction in Force, First Quarter, 1946.
- (2) CGH Par 18, SO No 5, 7 Jan 1946.

5. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

ADMINISTRATIVE OFFICER OF THE DAY

	Paragraphs
General	1
Tour of Duty	2
Officer	3
General Duties	4
Inspections of Hospital	5
Duty Detachments	6
Escaped Prisoners or Insane Patients	7
Hospital Guard	8
Confinement of Persons	9
Restricted Patients	10
Mess Inspection	11
Officers' Club	12
Motor Vehicles	13
Telegrams	14
Report	15
Alternate Administrative Officer of the Day	16
Authoritative References	17
Rescissions	18

1. GENERAL. - An officer, in addition to his other duties, will be detailed as Administrative Officer of the Day (AOD). A roster for this purpose will be maintained by the Adjutant. Officers subject to detail will be formally notified at least twenty-four hours in advance by means of the Daily Bulletin. At 0830 hours, beginning of the tour, the New and Old Administrative Officer of the Day will report to the Commanding Officer or his representative. The interchange of tours between officers on the roster will be made only for cogent reasons and by authority of the Commanding Officer in each case.

2. TOUR OF DUTY. - The tour of duty for the AOD will begin at 0830 hours and continue for twenty-four hours. During this period the AOD will remain within the limits of the Post Reservation. He will keep the operators on the hospital telephone switchboard informed as to his whereabouts at all times; she in turn will keep the Information Desk and R & D Office informed. He will sleep in the room provided for him. The AOD will wear the prescribed brassard on his left arm above the elbow.

3. OFFICE. - The office of the AOD will be located in the Bachelor Officers' Quarters, Building 6, of the hospital. A file of Hospital Regulations and such General Orders, Special Orders, and Memoranda of the hospital as pertains to the duties of the Administrative Officer of the Day will be maintained in this office.

4. GENERAL DUTIES. - During the absence of the Commanding Officer, the Executive Officer and the Adjutant, the AOD will be in charge of the administration of the hospital and he will be responsible for its safety and good conduct of its personnel. The duties of the AOD are of wide range, most important in character, and each officer assigned to duty as AOD will familiarize himself with his duties as prescribed in orders and regulations and will be responsible for their proper execution. He will be observant and will

be alert to prevent fire, theft, waste, misconduct, or neglect. He will immediately correct any breach of orders or regulations noted by him. He will respond promptly to any call made upon him. He is in charge of the hospital guard in the absence of the Provost Marshal. In case of fire or alarm of any kind, he will at once take steps to insure the safety of life and public property and to preserve order. He will check prisoners during his tour of duty; once between retreat and 2400 hours; again between 2400 hours and reveille. In case of doubt as to proper action, he will phone the Adjutant or Executive Officer.

5. INSPECTIONS OF HOSPITAL. - At least twice during his tour of duty, once between 2000 hours and midnight and once between midnight and reveille, the AOD will inspect the entire post, except the occupied wards. At each inspection he will check the prisoners in the guard house, the detention wards, and those if any, in wards to see that all are properly accounted for. On each inspection he will visit all parts of the post area and will inspect the garages, boiler house, and the detachment barracks. During his inspection, he will ascertain that the regulations as to conduct are observed and will note the condition of the premises inspected by him as to police and sanitation and will correct any violations of regulations noted. He will extend his responsibility to include such wards as may be necessary in the disposition of his duties.

6. DUTY DETACHMENTS. - During the absence of the Unit Commanders and/or their assistants, the AOD is in charge of the units and will take whatever steps he considers necessary to insure efficiency, good conduct, and discipline of the units. The AOD will hold a formation and inspect enlisted ward personnel prior to their reporting for duty. The formation will be held in front of the Post Exchange daily at 0655 hours and 1855 hours. At this formation, the AOD will receive the report from the non-commissioned officer in charge and assure himself that all ward personnel are present for duty and will inspect the personnel for appearance and general fitness for duty. He will take necessary action to correct any deficiencies which might exist and make a report of such discrepancies on his report.

7. ESCAPED PRISONERS OR INSANE PATIENTS. - In the event of escape of a prisoner or insane patient, the AOD will promptly and thoroughly investigate the circumstances and make every effort to apprehend the prisoner or patient, including notification of civilian authorities, and making a complete report.

8. HOSPITAL GUARD. - During the absence of the Provost Marshal, the AOD will assume the duties of the Provost Marshal, in which case, the policies and standing orders of the latter will be in force. The AOD will inspect the guard at least twice during his tour of duty; once between 1800 and 2400 hours, and once between 2400 hours and 0600 hours. He will note at these inspections the personal appearance of the guards on duty and will question them regarding their general and special orders, and will assure himself that they understand the proper performance of their duties. He will inspect the house and premises and will verify the count of prisoners. He will sign the report of the commander of the guards, entering thereon pertinent remarks and comments.

9. CONFINEMENT OF PERSONS. - The AOD will, when in his judgment it is necessary, confine in the Hospital Guard House or Detention Ward 61A, any person who may be present on the post, for safekeeping until proper action can be taken. In such instances, patients will be placed in the Guard House. In the case of civilians the AOD will at once communicate with the local police and endeavor to turn them over to civil authorities. Any officer on duty at Crile General Hospital is authorized, when in his judgment it is necessary, to place patients in the Detention Ward. In each instance, the person to be confined will be sent to the Detention Ward under an appropriate guard who will be given an information memorandum for delivery to the Ward Officer requesting the person be placed in detention. In each instance, the AOD will enter on his report the names of persons confined and placed in detention, the attendant, circumstances, and all pertinent data together with a list of witnesses necessary to make proper disposition of the case.

10. RESTRICTED PATIENTS. - Daily at 1630 hours, the AOD will report to the Office of the Commanding Officer, Detachment of Patients, Building 66 and secure a list maintained in that office of patients currently under restriction as a result of court martial or punishment under AW 104. He will, prior to 2400 hours, verify by direct contact with the ward concerned whether the patients are present on the ward or post as the case may be. Any instances of non-compliance with the restriction imposed will be included in the AOD Report rendered at the completion of his tour of duty.

11. MESS INSPECTION. - The AOD will inspect and eat one meal in each of the following messes: Officers' Mess, General Mess, and Detachment Mess. He will inspect the night lunch provided in the General Mess for night duty personnel. He will report on the quantity and quality of the food served. He will authorize, when necessary, the feeding of patients who have been admitted after a meal has been served and duty personnel who have been prevented by official duties from eating during the prescribed meal hours.

12. OFFICERS' CLUB. - The AOD is responsible for the good order and proper closing of the Officers' Club. The employees on duty in the club will make necessary preparations for the closing of the club at the proper time, but the AOD, after making a careful inspection especially with respect to fire hazards, will close the club. Should the AOD be engaged in any other official business which he cannot leave at the time when the club should be closed, he is authorized to nominate the senior duty officer present in the club as his deputy. This may be done by telephone. If no officer is present in the club, the AOD may call upon the Medical Officer of the Day or upon any available officer for this purpose. The deputy so nominated will inspect and close the club and will then report the fact of inspection and closing to the AOD. A statement of the satisfactory condition of the club, the inspection before closing and its closing will be submitted with the regular report of the Administrative Officer of the Day.

13. MOTOR VEHICLES. - All government-owned vehicles assigned to the motor pool will be checked between 2000 hours and midnight from the list furnished by the Transportation Officer for this purpose; he will include

in his report the time of check and a report of any vehicles missing. Under his direction, the AOD may detail the Sergeant of the Guard to make this inspection. The AOD will enforce the orders and regulations governing speed and parking of motor vehicles on this reservation during his tour of duty.

14. TELEGRAMS - After regular hours of duty, the AOD will be responsible for receiving all incoming telegrams and for making necessary distribution of those telegrams requiring immediate action.

15. REPORT - The report of the AOD will be rendered on the "Report of the Administrative Officer of the Day", WD AGO 8-195, one copy only. As this report will be filed as a part of the permanent records of this hospital, all concerned are directed to assure themselves that the data entered thereon are both complete and accurate. A supply of these forms will be maintained at the Information Desk. The report will be typewritten and prepared in the office to which the AOD is assigned for duty.

16. ALTERNATE ADMINISTRATIVE OFFICER OF THE DAY. - An officer will be detailed as Alternate AOD. The officer so detailed will ordinarily be the officer detailed as AOD for the day following. He will keep himself available for duty as AOD in case of emergency.

17. AUTHORITATIVE REFERENCES -

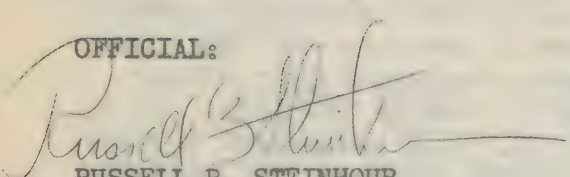
a. TM 8-260, 16 July 1941, - Fixed Hospital of the Medical Department (General and Station Hospital).

b. AR 345-25, 30 Dec 1924, - "Duty Rosters".

18. RESCISSIONS - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOURL
Major, MAC
Adjutant

RUSSELL B. STEINHOURL
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 15-15)

HR 15-15
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio.
1 January 1946

CLAIMS OFFICER

1. DUTIES: - The claims officer shall:

a. Investigate and report to the commanding officer the results of such investigations of claims made by and against the Government of the United States; and

b. Investigate and report to the commanding officer the results thereof of all other matters required by Army Regulations and/or when directed by the commanding officer.

2. AUTHORITATIVE REFERENCES: -

a. AR 25-20, Claims Procedure, par 7d, Claims Officers;

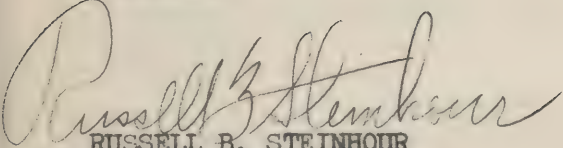
b. That body of laws, regulations and directives pertinent to the claim being investigated.

3. RESCISSIONS: - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

ADMINISTRATIVE DIVISION

Office Service Branch

	Paragraph
Section I. General Information	1 - 2
Section II. Message Center	3 - 6
Section III. Information Office	7 - 14
Section IV. Miscellaneous	15 - 16

Section I

GENERAL INFORMATION

	Paragraph
Organization	1
Duties	2

1. ORGANIZATION. - The Office Service Branch will function under the direction of the Adjutant and will be under the immediate supervision of the Sergeant Major of the Post.

2. DUTIES. - The Office Service Branch is charged with:

a. Operating message center and providing mail messenger, stenographic and other office services for Headquarters.

b. Operating the hospital information service.

c. Issuing orders for leaves, appointment of boards, travel, assignment and reassignment of officers, enlisted men and patients.

d. Maintaining files on all correspondence, reports, Army Regulations, circulars, bulletins and other official papers for which this office is an office of record.

Section II

MESSAGE CENTER

	Paragraph
Location	3
Incoming and Outgoing Mail	4
Method of Distribution	5
Marking of Correspondence	6

3. LOCATION. - The Message Center will be located in Building 47, adjacent to the Post Office. A non-commissioned officer will be detailed in charge of such enlisted and civilian assistants as may be necessary for its proper operation.

4. INCOMING AND OUTGOING MAIL. - All incoming official correspondence addressed to the Commanding Officer will be picked up from the Post Office by Message Center personnel. All such correspondence will be time stamped, and distributed to the appropriate department by the Message Center. Only correspondence requiring the attention or action of Headquarters will be directed to the Adjutant.

5. METHOD OF DISTRIBUTION. - The Message Center will assign a distribution box to each Service, Department, Ward, Clinic and Office of this command for the purpose of making inter-office distribution of all communications. The officer in charge of each department, ward, office, etc, will designate an enlisted or civilian member of his staff to call at the message center at least twice each day, not later than 1030 in the morning and not later than 1530 in the afternoon, for the purpose of receiving communications pertaining to his department and to delivery to the clerk in Message Center communications from his department to other departments within the hospital. All correspondence, etc, for the Commanding Officer, Executive Officer or the Adjutant will be delivered to Post Sergeant Major.

6. MARKING OF CORRESPONDENCE. - All correspondence directed through Message Center will be clearly marked showing both the office of origin and the office to which the correspondence is directed.

Section III

INFORMATION OFFICE

Paragraph

Organization	7
Index of Patients	8
Rosters of Duty Personnel	9
Roster of Seriously Ill Patients.....	10
Information to be Given Out	11
Packages, Flowers, etc, Received.....	12
Passes for Visitors	13
Function Under the AOD	14

7. ORGANIZATION. - The Information Office will function under the immediate supervision of the Sergeant Major as a section of the Office Service Branch. A civilian supervisor will be in charge with such assistants as may be necessary. This office will be kept open the entire twenty-four hours each day.

8. INDEX OF PATIENTS. - In order that a ready reference may be available, the Information Office will maintain a cardex card on file for every patient in the hospital. These cards will be furnished the Information Office by the R & D Officer on the morning following a patient's admission. These cards will be filed alphabetically according to the last name, in dictionary index order. Any change in wards or other data will be immediately noted on this card. These cards will remain in the "active" file until the patient appears on the Daily Admission and Disposition Sheet as a "disposition" at which time the card will be filed in an "inactive" file in the same manner as prescribed for the "active" file for three months for reference.

9. ROSTERS OF DUTY PERSONNEL. - A roster of duty personnel, military and civilian, will be kept up to date in the Information Office for reference. Necessary information for keeping these rosters current will be furnished the Information Office by the Chief of Military Personnel Branch and the Chief of Civilian Personnel Branch as changes in personnel occur.

10. ROSTER OF SERIOUSLY ILL PATIENTS. - A roster of patients who have been reported as seriously ill will be kept and no name will be removed until a death notice has been received, or on the request of the Registrar, who is responsible for seeing that no patient who has been reported as seriously ill remains on the roster after recovering sufficiently to warrant the removal of the name from the list.

11. INFORMATION TO BE GIVEN OUT. - All requests for information will be given prompt attention, except that in no instance will diagnoses be furnished. Requests for diagnoses will be referred to the Adjutant or the Executive Officer.

12. PACKAGES, FLOWERS, ETC., RECEIVED. - All packages, flowers, special delivery letters, etc., received for a patient who is in the hospital, will be receipted for, entered in a book provided for this purpose and delivered to the patient with the least practicable delay. Receipt from the patient or the ward man will be obtained in this book.

13. PASSES FOR VISITORS. - Personnel on duty in the Information Office will issue passes to all visitors desiring to see patients in this hospital. Passes, other than those issued during regular visiting hours, will be approved by the Adjutant, or in his absence, the officer of the day of the professional service concerned. Upon departure from the hospital, visitors will return their passes to the guard stationed at the main entrance of the hospital.

14. FUNCTION UNDER THE ADMINISTRATIVE OFFICER OF THE DAY. - During the hours that the administrative offices of the hospital are closed, the personnel of this office will function under the Administrative Officer of the Day.

Section IV

Paragraph

Authoritative References	15
Rescissions	16

15. AUTHORITATIVE REFERENCES. -

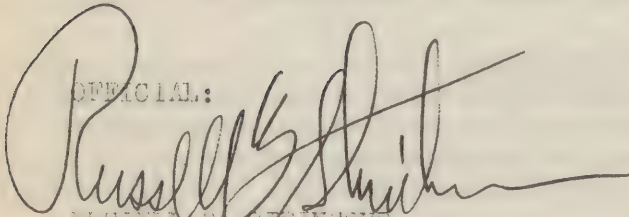
a. Chapter I, TM 8-262, Standard Organization for Hospitals, 1 July 1945.

b. Chapter 2, TM 8-260, Fixed Hospitals of the Medical Department, 16 July 1941.

16. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL S. STEINHOUR
Major, MAC
Adjutant

RUSSELL S. STEINHOUR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 15-30)

HR 15 30
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio.
1 January 1946.

ADMINISTRATIVE DIVISION

Postal Branch

	Paragraphs
Status	1
Duties of Postal Officer	2
Financial Section	3
Hours	4
Holiday Schedules	5
Collection and Dispatch of Mail	6
Delivery of Mail	7
Authorization for Mail Orderly	8
Registered, Insured, and C.O.D. Mail	9
Locator File	10
Care in Handling Mail	11
Authoritative References	12
Rescissions	13

1 STATUS. - The Post Office of Crile General Hospital is classified as a Branch Office of the Main Post Office, Cleveland, Ohio and is known as Postal Unit No 1, Cleveland, Ohio. The Post Office will function under the Adjutant and under the immediate supervision of an officer designated by the Commanding Officer as the Postal Officer. The Post Office will be conducted in accordance with the rules and regulations prescribed by the U. S. Post Office Department insofar as they are applicable.

2 DUTIES OF POSTAL OFFICER - The postal officer is charged with:

a. Operating the postal service including the delivering and collecting of mail.

b. Operating postal locator service.

c. Maintaining contact with postal authorities to insure compliance with postal regulations and adequate service.

3 FINANCIAL SECTION. - A competent civilian selected by and under contract to the U. S. Post Office Department, will be employed to handle all financial matters such as the sale of stamps, money orders, the weighing-in of parcel post packages, registering of mail, etc. The responsibility for this phase of the post office activities will rest with the contracted individual and the Postmaster, Cleveland, Ohio. The Commanding Officer, Crile General Hospital, will determine the adequacy of the services rendered by the contracting individual and hours during which the department will open for business with the public.

4. HOURS. - The Post Office will function on schedule as follows:

a. Business transactions: Daily 0900 to 1100 and 1130 to 1630 hours, except Sundays and Holidays.

b. General Delivery: Available during hours indicated in par 6.

5. HOLIDAY SCHEDULES. - Holiday schedules for delivery of mail will be made as directed by the Commanding Officer and as announced in the Daily Bulletin.

6. COLLECTION AND DISPATCH OF MAIL. - Mail will be collected three times daily from the ten mail boxes located throughout the hospital. The collection schedule for these mail boxes will be 0830, 1215 and 1645 hours daily, and at 0715 hours on Sundays and holidays. All mail from and to this hospital will be transported to and from the U.S. Post Office designated by the Postmaster, Cleveland, Ohio, by an authorized, bonded enlisted man assigned to the Post Office in a truck furnished to the Postal Officer by the Transportation Officer. Outgoing mail will be delivered to the designated post office at 0930, 1300, and 1800 hours daily and at 0830 hours on Sundays and holidays. Incoming mail will be picked up from the designated post office at 0730, 1000 and 1330 hours daily and at 0830 hours on Sundays and holidays.

7. DELIVERY OF MAIL. - In the absence of instructions to the contrary, the Postal Officer will dispose of mail addressed to this command and its members as follows:

a. For Operating Departments: To be called for at the Post Office by the department head or a designated mail orderly (see paragraph 8) between the hours of 0900 and 1730, Mondays through Saturday and between the hours of 1000 and 1130 on Sundays

b. For Officers and Families: To be called for at the Post Office by the officer concerned between the hours of 0900 and 1730, Mondays through Saturday and between the hours of 1000 and 1130 on Sundays.

c. For civilian Personnel on Duty at this hospital in an Officer Status: To be called for at the Post Office on the same schedule as for officers. Civilians employed will not use this hospital as their official mail address unless they reside on the post.

d. For Enlisted Personnel on Duty at this Hospital: To be called for at the Post Office by the addressee between the hours of 1130 and 1330 and between 1530 and 1730, Mondays through Saturday and between 1000 and 1130 on Sundays.

e. For Patients: Mail will be bundled in the Post Office and delivered to the nurse on duty in each ward, who will be responsible for its sorting and distribution. Mail will be delivered to the addressee only. Undelivered mail will be returned to the mail carrier on his next

trip and at no time will be left unguarded and accessible to personnel on the ward. Under no circumstances will mail be turned over to the ward enlisted personnel for delivery to patients. Mail will be delivered to wards at 1030 and 1500 daily except Sundays when a morning delivery only will be made.

8. AUTHORIZATION FOR MAIL ORDERLY - Department heads desiring to designate mail orderlies to receive, carry and deliver all mail, including insured and registered mail for their department, will complete and sign form "Authorization For Mail Orderly" and send with the designated mail orderly to the Postal Officer for completion. A supply of these forms are available in the Post Office upon request. Only upon receipt of a properly executed authorization will the Post Office deliver mail to other than the addressee.

9. REGISTERED, INSURED, AND C.O.D. MAIL. - Registered, insured, and C.O.D. mail will be handled only by bonded individuals. Such mail will be held at the Post Office to be called for by the addressee. Notice will be sent to the addressee on the regular mail delivery that a package or letter is being held for him. In those cases where the addressee is bedridden or for some reason is unable to call in person for registered, insured, or C.O.D. mail, the bonded individual charged with the safeguarding of this mail will deliver it in person. Under no circumstances will this type of mail be delivered to other than the addressee. Receipt will be obtained for all registered and insured mail.

10. LOCATOR FILE. - A locator file of the personnel of the command, including civilians living on the post, will be maintained by the Postal Officer, the R & D Officer, the Chief of Military Personnel, and the Chief of Civilian Personnel will furnish data daily, or as occurring, concerning changes in personnel.

11. CARE IN HANDLING MAIL. - All persons charged with the delivery of mail are cautioned against tardiness, carelessness, and neglect in handling of mail. Care will be taken that all mail is promptly delivered to the proper person or forwarded to his new address. Theft or tampering with registered, C.O.D., parcel post, or other mail is a serious offense, punishable under the Federal Postal Laws and Articles of War. While the Postal Officer is primarily responsible for the safe delivery of all mail matter, those persons designated in these regulations to receive mail for others are warned that they will be held liable for any loss of mail after it has been delivered into their custody. After mail has been received in a ward, the nurse in charge will see that it is immediately delivered to the addressee. If the patient to whom the mail is addressed has been transferred from the ward, or otherwise disposed of, the mail will be returned immediately to the Post Office with proper notation.

12. AUTHORITATIVE REFERENCES. -

a. TM 8-262, 1 July 1945, - Hospital Organization, Chap 1.

b. FM 12-105, 7 May 1943, - "Army Postal Service."

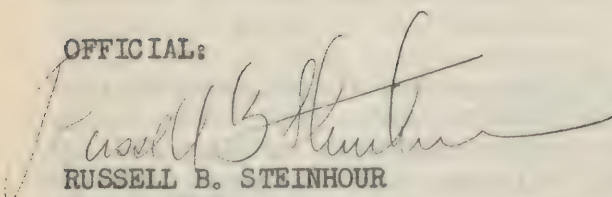
- c. Postal Laws and Regulations, as amended.
- d. Post Office Department Manual, 1942, - "The Army Mail Service."

13. RESCISSIONS. -

- a. CGH Memo No 6, 29 April 1944, SOP for Post Office.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 15-35)

HR 15-35
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946.

ADMINISTRATIVE DIVISION

Publications Branch

	Paragraph
Organization	1
Duties of Publications Officer	2
Initial Distribution	3
Stock Control Levels	4
Method of Requisitioning	5
Delivery Service	6
Forms Control and Standardization Program	7
Reproduction Service	8
Publications Control	9
Authoritative References	10
Rescissions	11

1. ORGANIZATION. - The Publications Branch will function as a section of the Administrative Division under the immediate supervision of a Publications Officer appointed by the Commanding Officer.

2. DUTIES OF PUBLICATIONS OFFICER. - The Publications Officer is charged with the following:

- a. Reviewing all requests for publications.
- b. Requisitioning, receiving, storing, and issuing all War Department, SvC and CGH publications and blank forms.
- c. Providing reproduction service for the command.

3. INITIAL DISTRIBUTION. - Upon receipt of initial distribution of War Department, SvC or CGH publications, blank forms and intra-service forms from the appropriate supply agency, the Publications Officer will carefully review the publications received and make distribution to the interested departments and offices of the hospital as indicated for their information. A record of this distribution will be made in a register maintained for this purpose. In addition to distributing information copies to the departments immediately concerned, announcement of the receipt of publications and new forms will be made in the Daily Hospital Bulletin for the information of all personnel. It will be the responsibility of all department heads to carefully check this list as published each day to make sure that all concerned are aware of the publications and forms available. An additional supply of forms and publications

received on initial distribution will be requisitioned from Publications in accordance with the procedure outlined in paragraph 5.

4. STOCK CONTROL LEVELS. -

a. Stock of publications and blank forms at the using department or office at this installation will not exceed a 30-day supply based upon estimated issues.

b. Stocks of publications and blank forms at the Publications Stock Room will be based upon the establishment of stock control levels set by the Publications Officer to meet issue demands of the Post for a period of 60 days in accordance with procedure outlined in Part One, ASF Cir No. 199, 30 June 1944 as amended by Part One, ASF Cir No. 289, 30 July 1945.

5. METHOD OF REQUISITIONING. -

a. Using departments and offices will submit requisitions for all types of publications and blank forms to the Publications Department the last week of each month according to schedules announced by the Publications Officer. All requisitions will be prepared in duplicate on WD, AGO Form No. 17, "Requisition for Publications and Blank Forms" and must reach the Publications Office by 0900 hours on the designated day. All requisitions will be signed by the officer in charge of the department or office. Only under extenuating circumstances will emergency requisitions be submitted to Publications for action.

b. After filling requisitions from all the using agencies throughout the hospital the Publications Officer will consolidate all requisitions and submit a consolidated requisition for the entire post to the Fifth Service Command, Columbus, Columbus, Adjutant General Depot on the date specified in accordance with procedure outlined in Part One, ASF Cir No 199, 30 June 1944

6. DELIVERY SERVICES. - Delivery of monthly requisitions will be made by Publications to the department concerned in the afternoon of the day the requisition is submitted. No delivery service will be furnished for emergency requisitions

7. FORMS CONTROL AND STANDARDIZATION PROGRAM. -

a. The objective of the Forms Control and Standardization Program of the Army Service Forces are:

- (1) To effect a continuous and substantial reduction in the number of printed and duplicated intra-office and intra-service forms used throughout the Fifth Service Command.

- (2) To effect simplification and standardization of size and design of all forms remaining in use and to improve in their appearance and re-adaptability.
- (3) To effect a substantial reduction in the quantity of paper used and the number of manhours required both for reproduction of forms and the processing of data on the finished form.

b. To carry out this program as outlined in (a) above the Commanding Officer will appoint a Forms Representative for the installation.

c. Departments desiring to use a new form will first submit a draft (not a stencil) of the proposed form on WD, AGO Form No 557, "Form Design Guide Sheet", to the Forms Representative in the Publications Office.

d. The Forms Representative will review the proposed form to assure himself that:

- (1) For the function in question there is no existing War Department prescribed form, Fifth Service Command intra-service form, or form approved and illustrated for use and local reproduction by directives from higher headquarters such as AR's, WD Circulars, ASF Manuals, TM's, FM's, and Fifth Service Command Circulars or directives.
- (2) No local intra-office form could be used.
- (3) The proposed form is properly designed as required by pamphlet "Principles of Standardization of Size and Design of Forms", issued by Headquarters, Fifth Service Command, 9 September 1944 and by ASF Manual M703-6, 24 August 1944.

e. If the proposed form meets all the specifications indicated in "d" above, the Forms Representative will approve by assigning the form a number and return to the department.

f. The submitting department will then prepare the stencil for reproduction and return to Publications along with two copies of WD AGO No 559, "Request for Approval of Form". Upon completion of reproduction the Forms Representative will forward the copies of WD AGO Form No 559 and two copies of the reproduced form to Hq, Fifth Service Command for final approval.

g. In the case of revised intra-office forms with prior approval, the procedure to be followed by departments will be the same as that for new forms.

h. In the case of reprinting of an approved intra-office form departments will request approval from the local Forms Representative by submitting two copies of WD AGO Form No 559, "Request for Approval of Form" to Publications, but it will not be necessary to complete the section titled "Justification of Form"

8. REPRODUCTION SERVICE. - Prior to the reproduction of any publication or blank form at this installation, the approval of the Forms Representative this headquarters must first be secured in accordance with procedure outlined in paragraph 7. After the approval of the Forms Representative has been secured for the reproduction of a local publication or form, departments will cut the necessary stencils and submit to publications along with the necessary instructions as to number of copies desired and whether or not the stencil is to be returned to the using agency. Publications will reproduce the number of copies requested with the least practicable delay and unless instructions to the contrary are received, the stencil will be destroyed. If, in the opinion of the Forms Representative, the usage of a form or publication is sufficient to warrant reproduction by Multilith, the Publications Officer will make necessary arrangements for the Multilith Mat to be prepared in the Publications Office

9. PUBLICATIONS CONTROL. - In accordance with Fifth Service Command Cir No. 551, "Publications Printing and Duplicating Control", 4 Oct 1945 approval of publications of the type numerated below unless previously approved will be requested from the Publications Branch, Hq, Fifth Service Command on 5th SvC Form 4BR1, "Request for Approval of Publication", submitted in duplicate with two copies of the proposed publication prior to reproduction:

a	General Orders	n	Manuals
b	Special Orders	o	Pamphlets
c	Court-Martial Orders	p	Brochures
d	Numbered Circulars	q	Tables
f	Bulletins	r	Indexes
g	Numbered Memorandums	s	Catalogs
h	Unnumbered Memorandums	t	Lists
i	Mimeographed Letters	u	Reports
j	Military Periodicals	v	Graphic Training Aids
k	Civilian Periodicals	w	Posters
l	Useful Information Periodicals	x	Charts
m	Regulations	y	Maps

10 AUTHORITATIVE REFERENCES

- a. TM 8-262, 1 July 1945, Chap I, "Hospital Organization"
- b. ASF Cir No. 199, 30 June 1944, Part One, Sec II, "Publications"

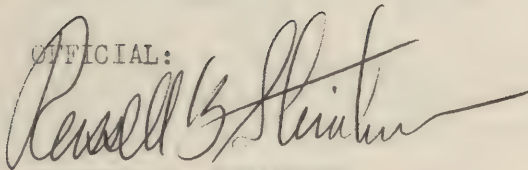
- c. FM 21-6, "List and Index of War Department Publications".
- d. ASF Manual M 703-6, 24 Aug 1944, "Standardization of Forms".
- e. ASF Manual M-800, 1 Aug 1945 - "List and Index of ASF Publications"
- f. 5th SvC Pamphlet, 9 Sep 1944, - "Principles of Standardization of Size and Design of Forms"
- g. 5th SvC Cir No. 551, 4 Oct 1945, "Publications, Printing and Duplicating Control"
- h. 5th SvC Cir No. 552, 4 Oct 1945, "Forms Control"
- i. CGH Memo No. 38, 8 Dec 1944, "Intra-service and Intra-office Forms"
- j. CGH Memo 20, "Requisitions for Publications, 15 Aug 1945.

11. RESCISSIONS. - None

BY ORDER OF COLONEL EMERSON:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

BILLETING OFFICER

	Paragraph
Appointment and Duties	1
Bachelor Officers' Quarters Buildings	2
Property	3
Services Extended Officers	4
Officers' Responsibilities	5
Fees	6
Laundry Service	7
Guests and Civilians on Officer Status	8
Authoritative References	9
Rescissions	10

1. APPOINTMENT AND DUTIES. - The Commanding Officer will appoint an officer from the command to be known as, "Billeting Officer, Bachelor Officers' Quarters", who will have complete charge of the buildings, the property therein, and will administer the operations.

2. BACHELOR OFFICERS' QUARTERS BUILDINGS. - Buildings numbers six (6) and seven (7) have been designated, Bachelor Officers' Quarters". Female guests are not permitted in the private rooms of Bachelor Officers' Quarters at any time. Male visitors will leave the buildings before midnight.

3. PROPERTY. - Property in the individual rooms including bed linen will be the responsibility of the officer occupying the room. Property will not be moved from one room to another. The arrangement and the location of the property in the room may be as the occupant wishes.

4. SERVICES EXTENDED OFFICERS. - A matron and a janitor will be on duty to assist in keeping the quarters in an acceptable condition. They will make the beds, empty the ash trays and empty the paper baskets daily. Rooms will be dusted and the floors will be cleaned several times a week for the officers. Shoes will be shined daily, Monday through Friday, if the officer places them outside his room door in the hall at 1300 hours.

5. OFFICERS' RESPONSIBILITIES. - Each officer will keep the number of articles in his room to a minimum, so the appearance of the room will be orderly and business like at all times. Each officer will keep the clothing he is not wearing in his clothes locker, dresser, foot locker, baggage or clothing bag. The matron or janitor will not pick up and put away clothing. Wall lockers, dresser drawers and baggage will be kept closed, except when in actual use by the officer. Radios will be so controlled as not to be disturbing to others.

6. FEEES. - A billeting fee will be fixed each month by the billeting officer, which will be determined by the expense incurred by operations. The fee will be payable each month at the Clearance Section, R and D Building Number 66. A true and accurate account of all money collected and all money expended will be kept in a "Billeting Fund Book", by the Custodian, who will be the Billeting Officer. The Billeting Fund Book will be audited at the close of business each month by the Fiscal Director.

7. LAUNDRY SERVICE. - Upon making a five dollar (\$5.00) laundry deposit with the Billeting Officer, an officer's soiled laundry will be picked up each Monday morning in Building Number 6, in the lounge room, at 0900 hours, taken to the Quartermaster Laundry, and returned to the officer's room on or about Friday of the same week. The officer will receive his laundry bill together with his billeting bill at the end of the month, or when clearing the Post. Upon termination of duty at this Post, unobligated balance of deposit will be refunded.

8. GUESTS AND CIVILIANS ON OFFICER STATUS. - A room may be had for an officer's male guest, if available, at 25¢ a night. A civilian on officer status may engage a room if available, at 25¢ a night.

9. AUTHORITATIVE REFERENCES. -

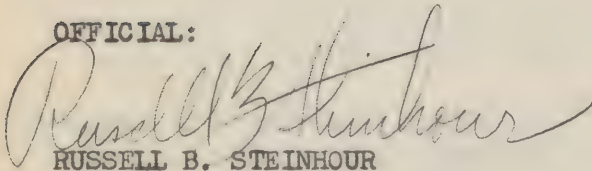
- a. AR 210-10, pp 13; Posts, Camps and Stations, Administration.
- b. AR 210-50, pp 12; Non-appropriated Funds.
- c. Bulletin JAGD May 1943, p 225.

10. RESCISSIONS. -

- a. So much of HR CGH, Sec II, p 4, line 4, dated 15 February 1944, as reads, "He will be the Billeting Officer and supervise the assignment of Officers' Quarters".

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 15-45)

MR 15-45
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

VISITORS AND VISITING HOURS

	Paragraph
Visiting Hours, General	1
Visiting Hours, Emergency	2
Visitors to Venereal Wards	3
Visitors to Isolation Wards	4
Visitors to Closed Neuropsychiatric Wards	5
Visitors to Prison and Enforced Treatment Ward	6
Excluded Person	7
Restrictions	8
Miscellaneous	9
Authoritative References	10
Rescissions	11

1. VISITING HOURS, GENERAL. - The regular hours for visiting patients in this hospital are as follows:

a. For all open wards. - Daily Monday through Saturday:

1400 to 1600 and 1800 to 2100 hours

- Sundays and Holidays:

1400 to 2100 hours

b. For all closed N.P. Wards - Daily Monday through Sunday:

1400 to 1600 hours

2. VISITING HOURS, EMERGENCY. - Visitors may be permitted to see patients in this hospital during other than regular visiting hours only when it is inadvisable to postpone the visit until the next visiting hour; for example, to see seriously ill patients, or other extreme emergency. In such cases permission will be obtained from the Adjutant, or, in his absence, the Administrative Officer of the Day. Such permission will be in writing. Passes of this nature will state the name of the visitor, the name of the patient to be visited, the ward, and hours for which the pass is granted.

3. VISITORS TO VENEREAL WARDS. Patients in the venereal wards will not be permitted to receive visitors in the wards.

4. VISITORS TO ISOLATION WARDS. - No person will visit the isolation ward except upon the approval of the Ward Officer. In the

absence of the Ward Officer, the Medical Officer of the Day may, in emergency, permit visitors to see patients.

5. VISITORS TO CLOSED NEUROPSYCHIATRIC WARDS. - Visitors will be permitted to see patients in the closed neuropsychiatric wards if permission is granted by the Chief of the Neuropsychiatric Section or his authorized representative. Visitors desiring to see closed ward patients during regular visiting hours will be directed by the Information Office personnel to the receptionist on duty in the N.P. Section Reception Room, Building 84, who will secure necessary permission and arrange for the visitor to see the patient. Ordinarily only relatives or close friends will be permitted to visit patients, and only in exceptional cases will visitors be admitted outside of regular visiting hours.

6. VISITORS TO PRISON AND ENFORCED TREATMENT WARD. -

a. No visitors will be permitted to see a patient who is a prisoner, except upon authority of these headquarters, or a written pass good for one (1) visit only, signed by the Medical Officer of the Day. No individual visit will exceed fifteen minutes. Only in exceptional cases will visitors be permitted to see patients in the prison or enforced treatment ward outside of regular visiting hours. The visitors and prisoner will be kept in sight by an attendant at all times during the visit. Visitors will be prohibited from giving money, valuables, articles or packages of any kind to prisoners, and will be instructed by the ward attendant that such articles should be turned over by them, in person, to the ward officer for disposition.

b. Visitors to prisoners undergoing treatment in other wards are subject to the provisions outlined in "a" above.

c. The instructions contained in "a" above will apply to visitors desiring to see patients undergoing enforced treatment, except that the period of time will not be limited to fifteen minutes.

7. EXCLUDED PERSONS. - Solicitors, vendors, peddlers, or persons suspected of carrying liquor or narcotics to patients or personnel on duty at this hospital, will be denied admission. Ward officers, nurses, ward masters and attendants are enjoined to be constantly on the alert to prevent the admission of such persons. Should such persons be noticed, or should a visitor's conduct in any way be open to question, it will be reported immediately to the ward officer, or, in his absence, the Administrative Officer of the Day.

8. RESTRICTIONS. - Ward officers will issue such instructions to nurses and ward masters as may be indicated relating to patients whose visitors are to be restricted.

9. MISCELLANEOUS. -

a. Passes which have been approved by the proper officer will be issued by the personnel of the Information Office. Those on

duty in that office will give persons applying thereto such information and assistance as may be indicated concerning regulations governing visits to patients and location of wards. They will direct the visitors to apply to the nurse or ward master in charge of the ward before entering the ward proper to see the patient.

b. Nurses, ward masters and attendants on duty in wards are charged with notifying visitors in their wards when visiting hours are terminated for the day. Visitors will not be permitted to sleep or be subsisted in wards.

10. AUTHORITATIVE REFERENCES. -

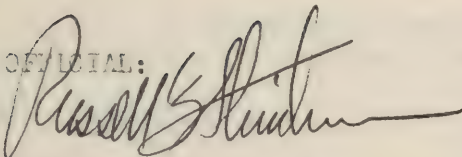
a. AR 40-590, 29 Aug 1944, Par 21, - Administration of Hospitals, General Provisions.

11. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 15 50)

HR 15-50
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio.
1 January 1946.

RECORDS ADMINISTRATION

	Paragraphs
Purpose	1
Organization	2
Duties of Records Administrator	3
Duties of Records Officers	4
Reports	5
Authoritative References	6
Rescissions	7

1. PURPOSE. - The accumulation of masses of files not only reduces administration efficiency by impeding the use of current files but decreases immeasurably the utility of records for legal or historical purposes. Therefore, the records administration program for the retirement of non-current files and for the orderly disposal of valueless papers has been established. The general purposes of this program are:

- a. To assure the protection of permanent records and to facilitate their use.
- b. To provide for the orderly disposal in accordance with statutory requirements of all other files of this installation.

2. ORGANIZATION -

- a. A Records Administrator for the hospital will be appointed by the Commanding Officer and function under the supervision of the Adjutant.
- b. In addition to the Records Administrator, each Chief of Service or Division will appoint a Records Officer for his department to carry out all phases of the Records Administration Program under the supervision of the Records Administrator for the hospital.

3. DUTIES OF THE RECORDS ADMINISTRATOR. - The Records Administrator is responsible for:

- a. Maintaining and keeping current the installations records disposition schedule and installing filing procedures to make it effective.
- b. Promptly disposing of non-essential records and records authorized for immediate disposal in block upon becoming non-current.
- c. Segregating and disposing of specialized files authorized for centralization or special handling as provided for in Chapter 5, TM 12-259, Disposition of Records, dated July 1945.

- d. Periodically inspecting files at least quarterly to insure compliance with disposition schedules.
- e. Maintaining liaison with records depositories and War Department records depositories to facilitate use of files transferred thereto.
- f. Properly arranging and packing of files for shipment as directed.
- g. Preparing lists and other data as directed by Headquarters, Fifth Service Command prior to change of status of this installation.
- h. Making recommendations through command channels for the scheduled disposal of files, other than non record material.
- i. Assisting commanding officer of T/O units stationed on the post in making proper disposition of their non-current files.
- j. Reporting progress as required by the appropriate headquarters.
- k. Such additional duties as may be required by higher headquarters.

4. DUTIES OF RECORDS OFFICERS - The duties for Records Officers will be the same as those for the Records Administrator except that the jurisdiction of Records Officers will not extend beyond the department or the service to which they are assigned.

5. REPORTS - Records Officers will prepare a quarterly report of non-current files destroyed as of the last day of December, March, June and September showing the quantity of files destroyed, measured in terms of file drawers, and submit to the Records Administrator of the hospital. The Records Administrator will consolidate all reports of the Records Officers and submit a consolidated report for the installation in accordance with paragraph 28, TM 12-259, Disposition of Records July 1945.

6. AUTHORITATIVE REFERENCES

- a. TM 12-258, Aug 1945, Filing Procedure
- b. TM 12-259, July 1945, Disposition of Records
- c. WD Pamphlet 12-14, 15 Sep 1945, Centralization Maintenance and Servicing of Non-current Clinical Records
- d. AR 15-15, 20 Sep 1945, Records Administration
- e. ASF Cir No. 371, Oct 1945, Records Administration
- f. Hq. 5th SvC Cir No. 441, 6 Sep 1945, Downgrading and De-classification of Classified Material, as amended by Hq. 5th SvC Cir No. 502, same subject.

g. WD Pamphlet 12-5, - 10 March 1944 - Disposition of Records.

h. WD Cir No. 416, - 23 Oct 1944 - War Department Records Administration Program.

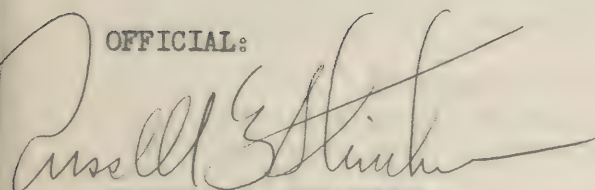
i. WD Cir No. 96, - 23 Mar 1945 - Maintenance and Disposition of Military 201 Files.

7. RESCISSIONS. -

a. CGH Memo No. 32, - 10 Dec 1945 - Records Administrator.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 20-5)

HR 20-5
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio.
1 January 1946.

MEDICAL INSPECTOR

1. DUTIES. - An officer will be appointed by special order to be the Medical Inspector. It will be his duties:

a. To perform the duties prescribed in AR 40-200, and will make such routine and special inspections and investigations as may be prescribed by the Commanding Officer.

b. To make a monthly check of all alcoholics, narcotics, habit-forming drugs and penicillin in the Pharmacy and in the hands of the Medical Supply Officer, reporting the fact of inspection and existing irregularities to the Commanding Officer.

c. To inspect and check at irregular intervals the narcotics and penicillin in all wards, noting facts and dates of inspection immediately after the last entry in the books.

d. To prepare the monthly and annual sanitary reports required by AR 40-275.

e. To make frequent inspections of all offices and departments of this hospital to insure that the regulations governing their operations are on file and are being complied with.

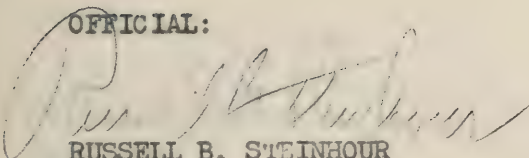
2. AUTHORITATIVE REFERENCES. -

- a. AR 40-200 Medical Inspector.
- b. AR 40-275 Sanitary Reports.
- c. Telegram C.G., 5th SvC, 23 Dec 45 - Penicillin.

3. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOURL
Major, MAC
Adjutant

RUSSELL B. STEINHOURL
Major, MAC
Adjutant

POST JUDGE ADVOCATE

	Paragraph
Duties.....	1
Authoritative References.....	2
Rescissions.....	3

1. DUTIES. - The post judge advocate shall:

- a. Act as legal advisor to the commanding officer;
- b. Review claims and reports of investigations on claims;
- c. Instruct members of special courts-martial of their duties and procedure, and review proceedings of special and summary courts-martial; and
- d. Provide or supervise legal counseling for military personnel as distinguished from personal legal problems which are handled by the Legal Assistance Officers as set out in HR 40-820.

2. AUTHORITATIVE REFERENCES. -

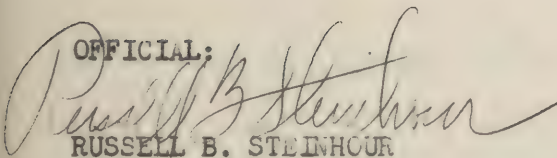
- a. AR 25-5, par 3b, General Duties of Staff Judge Advocate;
- b. ASF M 301, 15 Jan 45, sec 406.05, Post Judge Advocate;
- c. MCM, 1928 as amended; and
- d. That body of laws, regulations and directives pertinent to the subject matter under consideration.

3. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

OFFICIAL:


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 30-5)

HR 30-5
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

QUARTERMASTER

	Paragraph
Scope.....	1
Organization and Function.....	2
Supply Procedures.....	3
Procurement.....	4
Warehousing.....	5
Issues and Receipts.....	6
Inventories.....	7
Reports of Survey.....	8
Typewriter Repair.....	9
Audits.....	10
Reports.....	11
Transfers to New Officers.....	12
Authoritative References.....	13
Rescissions.....	14

1. SCOPE. - The Post Quartermaster will requisition, receive, store and issue all needed types of Quartermaster expendable and non-expendable supplies, maintain proper stock levels and process them according to existing Regulations, Directives and Changes thereto. He exercises supervisory function and is responsible for the efficient operation of the Quartermaster technical activities of Sales Commissary, Typewriter Repair Shop, Laundry, Consolidated Purchasing and Contracting Section, Burials and such other activities as may be designated from time to time. The Post Quartermaster acts as an advisor on QM supply matters and QM technical services to the staff of the Commanding Officer. M 301, 406.10.

2. ORGANIZATION AND FUNCTIONS. - The Post Quartermaster will be designated by Special Orders. The QM Service will be organized into the following sections with functions as listed:

a. Administrative Section. -

(1) Chief Clerk.

(a) Receives and distributes all mail from the Post Office and all items from Message Center.

(b) All outgoing mail is routed through the Chief Clerk for checking and distribution.

(c) Follows up action on reports, requisitions, and directives.

(2) Clerk-Stenographer. -

(a) Does all the correspondence for the Post Quartermaster.

(b) Maintains the Master files of the Quartermaster Service and keeps them posted with the changes as they occur.

(c) Maintains Time Sheets and Records for Quartermaster civilian employees.

b. Stock Control Section. -

(1) Principal Clerk.

(a) Assigns and routes all work in this section.

(b) Checks all Property Issue Slips and Requisitions for accuracy.

(c) Maintains check on station levels and initiates requisitions for replenishment of stock when necessary.

(2) Stock Record and Requisitioning Clerks. - Maintains Stock Record Cards and makes requisitions under direction of Principal Clerk.

(3) Memorandum Receipt Clerk. - Maintains Memorandum Receipt Accounts for sections of the hospital and satellite stations.

c. Unserviceable and Serviceable Section. The storckeeper is responsible for the classification of clothing and equipment turned in by organizations and individuals and the disposition of the items after classification.

d. Typewriter Repair Section. -

(1) The foreman is responsible for repair and maintenance of office appliances in the hospital. This maintenance is up to fifth echelon. All fifth echelon repairs are sent to the Chicago Quartermaster Depot, Typewriter Repair Section.

(2) Certain items such as dictaphones, calculators and cash registers are serviced under TPS contracts. It is the responsibility of the foreman of the typewriter shop to notify the contractors when such service is needed.

e. Purchasing and Contracting Section. - See HR 30-25.

- f. Burials. - See HR 30-50.
- g. Laundry. - See HR 30-2135.
- h. Sales Commissary. - See HR 30-2225.
- i. Transportation Section. -
 - (1) Motor - See HR 55-15.
 - (2) Rail and Air - See 55-25.

3. SUPPLY PROCEDURES. - Requirements for operation of the hospital and of the personnel are based upon Patient Strength, Detachment Strengths and Satellite Station Strengths; which in turn are governed by Table of Allowances No 20, 5 April 1944, as amended, and Table of Equipment No 21, 1 Jan 1945, as amended. Station levels of all classes of supplies are set on this basis and are for sixty (60) days. These levels are revised periodically by the Stock Control Section, representatives of the Jeffersonville Quartermaster Depot, Chicago Quartermaster Depot and representatives of the Director of Supply, Fifth Service Command. Revisions are made upon the basis of issue experience for the preceding three (3) months and anticipated strength changes in the ensuing three (3) months. The station has authority to revise levels downward but can only recommend upward revisions. Depots determine the upward revisions. If these revisions are too low for needs, Service Command has final authority.

4. PROCUREMENT. -

a. Types of Items. -

(1) Standard items, expendable and non-expendable items, are requisitioned monthly from the Jeffersonville Quartermaster Depot, Chicago Quartermaster Depot, and Philadelphia Quartermaster Depot. Special requisitions are submitted as needed.

(2) Non-standard items are requisitioned from the depots with request for assignment of funds to purchase locally. See HR 30-25.

(3) Deteriorating items - subsistence. See HR 30-25 and HR 30-2225.

b. Methods. -

(1) Requisitions are submitted monthly on WD AGO Form No 445 in four (4) copies; three (3) go forward to depot, the fourth

retained in suspense until items are received. When shipment is complete, the requisition and shipping document are filed together in the voucher file.

(2) Local Purchase - See HR 30-25.

(3) Serviceable items processed from the Serviceable and Unserviceable Section are turned over to the Quartermaster Issue warehouse on a Property Turn-In Slip WD AGO Form No 447.

(a) There is no repair or renovation work other than dry cleaning and laundry done at this station.

(b) Clothing and Equipment Shops and Shoe Repair Shops have closed in this area and are no longer in operation.

(4) Transfer from Surplus. - Stations in this area closing down are directed by Fifth Service Command to turn in their excesses of Quartermaster property to this station.

5. WAREHOUSING. - Shipments from depots received in the Quartermaster warehouse will be checked against the War Department Shipping Document. If discrepancies are noted, they will be annotated on the War Department Shipping Document and certified by the accountable officer. After checking, the items will be shelved for issue or placed in ready storage for immediate issue. Bulk storage of items will be accomplished according to current ASF directives on warehousing. All accomplished copies of the War Department Shipping Document are to be sent to the Stock Control Section for posting to its records. Likewise, Property Issue Slips WD AGO Form No 446, when filled are sent to the Stock Control Section with the action taken noted.

6. ISSUES, RECEIPTS AND BACK-ORDERS. -

a. Expendable Items. - All issues of expendable supplies will be made on Property Issue Slip WD AGO Form 446, prepared in triplicate. The original is signed by the officer to whom issues are made and this is retained in the Quartermaster voucher file. The second copy is retained by the officer who has received the supplies for his file. The third copy is held by Stock Control Section until the original is returned from the issuing warehouse and then destroyed. Expendable supplies are issued weekly to various departments. They are preposted and issue made within forty-eight (48) hours from time of receipt. If item is not in stock, it is placed on back order and filled immediately upon receipt from the depot.

b. Non Expendable Items. - Non-Expendable supplies will be made on Property Issue Slip WD AGO Form 446, in three (3) copies. The original is signed by the officer to whom issue has been made and it is retained by the Quartermaster for the voucher file. The second copy is retained by the officer who signed for the property while the third copy goes to the Memorandum Receipt Clerk, who uses it to charge the particular item against the officer's Memorandum Receipt Account. Issues are made as they are needed by the various departments.

c. Clothing. -

(1) Clothing is issued on a Property Issue Slip WD AGO Form 446 in triplicate and is chargeable to the clothing allowance of the enlisted man. The same procedure is followed as for expendable supplies with the issue slip. Patient issue of clothing is issued on a Clothing and Equipment Adjustment Form individually. These are consolidated on a daily abstract of clothing issues. The original is returned to Quartermaster for voucher file and the second copy with the adjustment forms is retained by the officer in charge of patient issue.

(2) Pressing, Cleaning and Alteration Section. - This section alters, presses and dry cleans clothing issued to enlisted personnel, both patient and duty. Alterations are made without charge. Dry cleaning and pressing is without charge to enlisted patients; duty personnel are charged by payroll deduction through the laundry on a piece work basis in accordance with Quartermaster Dry Cleaning List WD AGO Form No 10-183. Patients turn in and pick up their clothes direct from this section, duty personnel arrange for this service through their organization. Clothes are dry cleaned only under a commercial contract and work finished by pressing in this section.

(3) Sales. - Sales of clothing are daily except Saturday and are only made to personnel authorized to purchase clothing under provisions of AR 30 2290.

d. Property Turn-In. -

(1) Serviceable. - When property becomes excess in departments, it will be turned back to the Quartermaster warehouse, accompanied by WD AGO Form 447 in triplicate. The original is retained by the Quartermaster, the second copy is signed by the receiver of the property and returned to the officer charged with property as credit to his account. The third copy is received by the Memorandum Receipt Clerk to credit the Memorandum Receipt account of the responsible officer.

(2) Unserviceable. - Unserviceable property will be turned in on Property Turn-In Slip WD AGO Form 447, in two (2) copies. Property is checked and both copies receipted; one copy returned to organization or individual turning in the property and the other copy retained by the Unserviceable Property Section as posting medium for its stock record. The property is classified according to directives in force at the time of turn-in. Property which is fit only for salvage will be turned over to the Salvage Officer on Property Turn-In Slip WD AGO Form 447. Property which is surplus under directives in force at time of turn in will be turned over to Surplus Property Officer under same procedure as salvage.

7. INVENTORIES. - Inventory will be taken monthly on all clothing items and semi-annually on all other items. If there are any discrepancies, these are to be adjusted on an Inventory Adjustment WD AGO Form 444 in triplicate. Two (2) copies are sent to the Executive Officer for approval. The third copy is retained in suspense. When the approved Inventory Adjustment is returned, the third copy may be destroyed.

8. REPORTS OF SURVEY. - Reports of Survey are prepared whenever loss or shortage occurs which are not covered by Inventory Adjustment. Reports of Survey, WD AGO Form No 15, are prepared in four (4) copies, stating all circumstances pertaining to the loss or damage or shortage, and forwarded to the Commanding Officer for his action. A suspense copy of the Report of Survey is kept in the Stock Control voucher file pending approval. Reports of Survey covering losses or damages as result of shipment or handling by common carrier is initiated by the Transportation Officer on WD AGO Form 15. 1 The same procedure follows as for other surveys, with the exception of "Statement of Exception or Acceptance or Disallowance of Liability" by the common carrier, which accompanies this form.

9. TYPEWRITER REPAIR. - The typewriter repair shop and personnel will maintain and perform up to fifth echelon repair on all office appliances except those serviced under TPS contracts. This includes rebuilding, refinishing, removing rust, repairing broken castings, replacement of parts and reclamation of usable parts. Records are kept on each machine repaired in the shop. Periodic inspections of machines in use in the hospital will be made. First echelon maintenance of all types of machines is the responsibility of the operator. Attention is directed to Hospital Memo No 2, 10 Jan 1946.

10. AUDITS. - The Quartermaster accounts are audited every six (6) months by a fiscal officer designated by Fifth Service Command. This includes check of all records against War Department

Shipping Documents and Reports of Surveys and the reflection of stock on cards by spot inventories. The Quartermaster accounts are subject to audit by Inspector General's Department at any time or least once during the fiscal year.

11. REPORTS. - The following monthly, quarterly and annual reports are required:

a. Stock Status Reports, quarterly or special as required by depot.

b. Quarterly Report of Petroleum Products, WD AGO Form 10-182.

c. Quarterly Strength Report - letter form.

d. Monthly Strength Report - form furnished by depot requiring report.

e. Unserviceable Material Report WD AGO Form 863-1 - monthly.

f. Progress and Production Report Typewriter Repair Shops - monthly.

g. Annual report to Commanding Officer.

h. Other reports as required.

12. TRANSFERS TO NEW OFFICERS. -

a. All Memorandum Receipt accounts must be checked by the Memorandum Receipt Clerk before the responsible officer may be cleared. Upon change of responsible officers in any section or satellite, the Quartermaster will issue a new consolidated Memorandum Receipt. If a shortage occurs, the responsible officer must initiate a Report of Survey WD AGO Form No. 15 covering items. The new responsible officer is issued a consolidated Memorandum Receipt for the property he is signing for, less items covered by the Report of Survey.

b. Transfer to New Quartermaster. - Turn-over of property to a new Quartermaster is on a joint inventory of property. The old Quartermaster initiates Inventory Adjustment WD AGO Form 444 to cover property within its scope that is short or over. Other property short or damaged is accounted for on Report of Survey WD AGO Form 15. When these operations are complete, the new officer takes over the last Credit and Debit Voucher of that particular day's business.

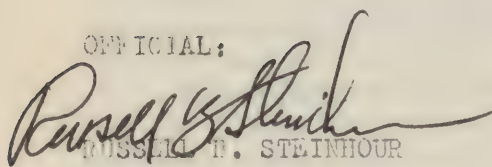
13. AUTHORITATIVE REFERENCES. -

- a. AR 30-2290, 10 Aug 1938, Sale of Surplus and Services.
- b. AR 30-3000, 16 Oct 1944, Price List of Clothing and Equipage.
- c. AR 700-10, 24 Oct 1942, Storage and Issue.
- d. AR 850-125, 30 June 1943, Development, Classification and Specifications for Types of Equipment.
- e. WD TM 38-220, 6 May 1944, Stock Control Manual for Posts, Camps and Stations.
- f. WD TM 38-403, 1 Aug 1944, Station Supply Procedure.
- g. WD TM 14-1010, 1 Jan 1945, Property and Sales Accounting, Auditing Procedures.
- h. WD TM 14-904, 1 April 1945, Accounting for Lost, Damaged and Destroyed Property.
- i. WD SB 10-182, Oct 1945, Quartermaster Sources of Supply.
- j. WD SB 10-185, 1 July 1945, Authorized Supplies for Quartermaster Corps Laundries and Dry Cleaning Plants.
- k. ASF M-301, 15 June 1945, Organization, 406.10 Post Quartermaster.
- l. ASF Quartermaster Supply Catalog, with amendments.
- m. Field Information Bulletin, Jeffersonville Quartermaster Depot, monthly.
- n. Field Information Bulletin, Chicago Quartermaster Depot, monthly.

14. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


 RUSSELL B. STEINHOURL
 Major, MAC
 Adjutant

RUSSELL B. STEINHOURL
 Major, MAC
 Adjutant

HOSPITAL REGULATIONS)
NO. 30-25)

HR 30-25
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

PURCHASING AND CONTRACTING

	Paragraph
General.....	1
Duties.....	2
Purchase Requests.....	3
Purchase Orders.....	4
Contracts.....	5
Reports.....	6
Authoritative References.....	7
Rescissions.....	8

1. GENERAL. - Purchasing is centralized under the Quartermaster per ASF Cir No 519, 1945, but it does not relieve the other technical services of responsibility for local purchasing. They are responsible for the technical specifications of any purchase and that the materials or services, as specified are obtainable; they will also advise on possible sources of supply. The Purchasing and Contracting Officer is designated by Special Order to operate under and is responsible to the Quartermaster Officer.

2. DUTIES. - The Purchasing and Contracting Officer will perform the following functions:

a. Purchase locally all Chemical Warfare, Engineer, Medical, Ordnance, Quartermaster, Signal, Subsistence and Transportation items authorized for local purchase.

b. Negotiate and enter into contracts for furnishing and delivery of all utilities, services, subsistence and supplies.

c. Procure what is wanted, when it is wanted, in quantities required, at the best price, in accordance with technical specifications, delivery dates and place consistent with the dependability of the supplier.

3. PURCHASE REQUESTS. - The use of Purchase Request and Commitment Form WD AGO 14-115 is mandatory.

a. Purchase Requests will be initiated by the appropriate Supply Officer when supplies or services are not available through normal supply channels and local purchase is authorized.

b. Purchase Requests for Medical Property will be forwarded through the Commanding Officer or his appointed agent for approval.

c. All Purchase Requests, with the exception of Medical Supply, will be properly signed and forwarded through Fiscal Officer

for availability of funds, through Commanding Officer or his designated agent for approval, to Purchasing and Contracting Officer for procurement.

4. PURCHASE ORDERS. - It is the responsibility of the Purchasing and Contracting Officer for preparation of Purchase Order Form WD 383.

a. Preparation, number and disposition is rendered in accordance with type of procurement.

b. Upon receipt of properly signed receiving report copy, Fiscal Copy and Vendor's invoice, order is completed and forwarded for payment.

c. Purchase Orders for Medical Supplies are paid by St. Louis Medical Depot, 12th and Spruce Streets, St. Louis Missouri.

d. All other Purchase Orders and Delivery Orders will be paid by Finance Officer, this station.

5. CONTRACTS. -

a. Contracts are prepared by the Purchasing and Contracting Officer for the following services and supplies:

- (1) Construction.
- (2) Dry Cleaning.
- (3) Elevator Service.
- (4) Janitorial Service.
- (5) Quartermaster Services.
- (6) Subsistence.
- (7) Utilities.

b. Type of Contract determines form.

c. Disposition:

- (1) Original to Army Audit Branch.
- (2) Duplicate signed copy to Director of Purchase Division, Hq 5th SvC, Columbus, Ohio.

(3) Triplicate signed to Contractor.

(4) Authenticated copy to Finance Officer, this station.

(5) Copy to Fiscal Office.

(6) Copy to be retained in Purchasing and Contracting office.

(7) Copy will be furnished offices which have charge of inspection, delivery and acceptance under the contract.

d. All contracts are forwarded to Headquarters, Fifth Service Command for approval.

6. REPORTS. -

a. Monthly Report of Invoices, Form No AGO 309B.

(1) Submission: Duplicate - Office of the Fiscal Director, Washington, D.C.

(2) Frequency of Report: Monthly - to reach the above office by 3rd of following month.

b. Report of Validated Lumber Purchases.

(1) Submission: Duplicate - SvC Engineer.

(2) Frequency of Report: Monthly - to reach above office by 26th of month.

c. Purchase Action Report, Form No WD AGO 375.

(1) Submission: Quintuplicate, SvC Quartermaster.

(2) Frequency of Report: In connection with all contracts amounting to \$10,000.00 or more, to reach Service Command 5 days from award date.

7. AUTHORITATIVE REFERENCES. -

a. WD Cir 310, 20 July 1944, Section VII, Local Purchase.

b. WD Cir 465, 9 Dec 1944, Section II, Duties in Controlling Expenditures.

c. TM 38-403, 1 Aug 1944, Post Supply Procedure.

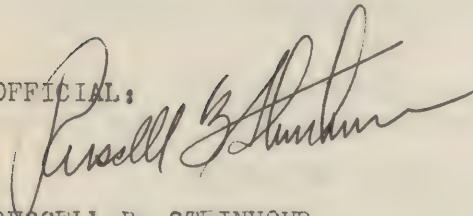
d. ASF Cir No 519, 26 Sep 1945, Local Purchases and Contracts.

e. Medical Supply Memorandum 89, 15 Sep 1944, Procurement, Local Purchases.

8. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON;

OFFICIAL:

A handwritten signature in dark ink, appearing to read "Russell B. Steinhour", written over the word "OFFICIAL:".

RUSSELL B. STEINHOUR
Major, MAC
Adjutant

RUSSELL B. STEINHOUR
Major, MAC
Adjutant

BURIALS

	Paragraph
Supervisor	1
Autopsies	2
Investigations	3
Reports	4
Authoritative References	5
Rescissions	6

1. SUPERVISOR. - The Supervisor of Mortuary Operations will be appointed by Special Order to operate under the Post Quartermaster and will perform the following functions:

- a. Negotiate uniform Burial Contract and execute individual purchase orders whenever required.
- b. Be responsible for immediate recovery of deceased.
- c. Assume responsibility for remains upon release by the Surgeon and release them to the contract funeral director promptly for preparation and casketing in accordance with the uniform Burial Contract.
- d. Make inspection as required in AR 30-1820.
- e. Furnish necessary clothing and flag.
- f. Accomplish Preparation Room Report and prepare Certificate of Interment Expenses.
- g. Prompt notification of scheduled time of arrival of remains.
- h. Selection and briefing of escort.
- i. Furnish transportation.

2. AUTOPSIES. - The Chief of Laboratory Service, upon direction of the Commanding Officer, will perform an autopsy in order to determine the cause of death. In addition:

- a. The Autopsy will be performed in the hospital morgue whenever practicable.
- b. It will be performed with a minimum of delay to facilitate the release of the remains for embalming.

c. On bodies arriving at the morgue prior to 2200 hours, autopsies will normally be completed on the same day.

d. A technique that will insure minimum interference with embalming functions will be used.

- (1) Key arteries and veins will be ligated and the ends of ligatures left long.
- (2) Body cavities will be thoroughly dried; body orifices securely closed and incisions tightly sutured with overlapping skin edges.

e. The Chief of Laboratory Service will make inspection as required in AR 30-1820.

3. INVESTIGATION. - The death of Army personnel will be investigated by the Claims Officer whenever it is deemed necessary by the Commanding Officer.

4. REPORTS. - The Preparation Room Report WD AGO Form 10-15, dated 1 Mar 1945, will be prepared for each case, in six copies.

a. Distribution is as follows:

- (1) Receiving Funeral Director.
- (2) Post Commander.
- (3) Commanding General, Service Command.
- (4) Office of the Quartermaster General.
- (5) Preparing Funeral Director.
- (6) File Copy.

5. AUTHORITATIVE REFERENCES. -

a. AR 30-1820, 15 Nov 43 as amended 21 Nov 45. Preparation And Disposition of Remains in United States, United States Possessions, and At Sea.

b. AR 30-1830, 13 Oct 44 as amended 9 June 45, Burial Expenses.

c. AR 30-1840, 9 Oct 44. National Cemeteries.

d. AR 40-590, par 19, 29 Aug 44, Administration of Hospitals, General Provisions.

e. AR 55-120, par 20, 26 Apr 43 as amended 5 Oct 44. Transportation of Individuals.

f. AR 55-155, 27 Nov 42 as amended 26 May 44. Transportation of Public Property (Except Animals) And Remains.

g. AR 210-500, 8 Aug 43 as amended 16 Feb 45. Post Cemeteries.

h. AR 260-10, 25 Oct 44 as amended 6 Apr 45. Flags, Colors, Standards, Guidons, Streamers, Silver Bands, Tabards and Automobile Plates; Description and Use.

i. AR 600-550, Jan 45, Deceased Personnel within the Continental United States, excluding Alaska (Same as TM 12-240).

j. WD Cir 145, 16 May 45. Care of Deceased Personnel.

k. WD Cir 205, 28 Sep 43. Section III, Identification of Unknown.

l. WD Cir 297, 13 Nov 43. Section III, Remains - Accidentally Killed.

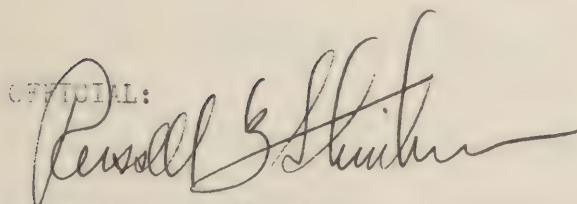
m. WF Memorandum 154, 9 May 45. Serial Information.

n. TM-12-240A, Quartermaster Mortuary Procedures, May 45.

6. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOUE
Major, MAC
Adjutant

RUSSELL B. STEINHOUE
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 30-2135)

HR 30-2135
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio.
1 January 1946.

LAUNDRY

	Paragraph
Organization and Function	1
Service	2
Linen Exchange	3
Claims for Shortages.....	4
Funds and Proceeds	5
Reports	6
Audits	7
Authoritative References	8
Rescissions	9

1. ORGANIZATION AND FUNCTION. - The laundry will function as a Quartermaster Laundry. A Laundry Officer will be designated by Special Orders to be in full charge of all operations and he will be directly responsible to the Post Quartermaster. The following departments of the laundry will operate under the general supervision of a Superintendent, who will be responsible to the Laundry Officer. AR 30-2135, AR 40-590, TB QM 36.

<u>DEPARTMENT</u>	<u>FUNCTION</u>
a. Receiving	To check in and receipt for all laundry.
b. Marking	To mark and classify bundle work prior to washing.
c. Washing	To wash and extract laundry.
d. Tumbler	To dry laundry.
e. Flat Work	To iron sheets, pillowcases, and other flatwork.
f. Pressing	To press wearing apparel.
g. Assorting	To sort and wrap bundle work.
h. Shipping	To check and obtain receipt for finished laundry.
i. Maintenance	To inspect, maintain and repair machinery and equipment.
j. Office	To keep the prescribed records.

2. SERVICE. - Service will be rendered in accordance with the following priorities: TM 10-355.

- a. Hospital linen, government property.
- b. Enlisted personnel, senior cadet nurses, authorized civilian attendants and employees.
- c. Officers and other authorized patrons.

3. LINEN EXCHANGE. - The linen exchange will be located at the laundry. The collection of all soiled hospital linen and the delivery of clean hospital linen will be accomplished under supervision of the Linen Officer according to predetermined schedules. Such collections and deliveries will be effected directly between each hospital activity and the laundry. ASF Cir 395, (1944).

4. CLAIMS FOR SHORTAGES. - Claims for shortages must be presented within one week after delivery of the laundry and must be accompanied by the laundry list, AR 30-2135.

5. FUNDS AND PROCEEDS. -

- a. Credit will be taken by the laundry for all work processed at Government expense at rates prescribed by the Quartermaster General.
- b. Enlisted men's laundry will be charged at the rate of \$1.50 per month, and collected by payroll deduction, a copy of the monthly roster showing charges being furnished to the Military Personnel section by the Laundry Officer.
- c. Enlisted patients and senior cadet nurses laundry will be processed without charge.
- d. Officer and other authorized patrons will pay cash before receiving delivery of laundry.
- e. All money received for laundry services will be transferred to the Sales Officer. AR 30-2135, TM 10-355.

6. REPORTS. - The following reports are prepared and forwarded as indicated below. TM 10-355.

- a. Monthly Report of Laundry Operations, to Hq, Fifth SvC, attention: Director of Laundry Service by fifth of the following month.
- b. Quarterly Report of Laundry Operations to Office of The Quartermaster General, copy to Hq, Fifth SvC, attention: Director of Laundry Service by the fifteenth of January, April, July and October.

7. AUDITS. - Audits will be conducted by the Director, Fiscal Division, this station, in accordance with current War Department directives. AR 30-2135.

8. AUTHORITATIVE REFERENCES. -

a. AR 30-2135, 12 Jan 1945 - Laundries and Dry Cleaning Plants.

b. AR 40-590, 29 Aug 1944, - Administration of Hospitals, General Provisions.

c. ASF Cir 395, 2 Dec 1944, Sec 3 - Standard Hospital Linen Control and Distribution System.

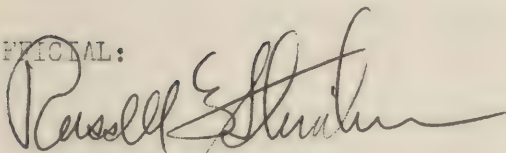
d. TM 10-2135, 1 Dec 1944 - Quartermaster Fixed Laundry Procedure.

e. TB QM 36, 1 Dec 1944 - Standard Quartermaster Fixed Laundry Operations.

9. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

SALES COMMISSARY

	Paragraph
Duties of Sales Officer	1
Organization	2
Issues	3
Sales to Organizations on Garrison Ration	4
Sales Store	5
Gasoline Station	6
Audits and Reports	7
Authoritative References	8
Rescissions	9

1. DUTIES OF SALES OFFICER. - The Sales Officer will be designated by Special Orders to operate under the Quartermaster to perform the following functions:

- a. Requisition subsistence supplies from a depot or market center.
- b. Receive subsistence supplies turned in by an organization or shipped from a depot, market center, vendor, or another commissary.
- c. Inspect or arrange for the inspection of subsistence supplies.
- d. Request the station Purchasing and Contracting Officer to procure subsistence supplies authorized by the depot or market center for local purchase.
- e. Store subsistence supplies in accordance with prescribed storage instruction, assuring that stocks are properly rotated to issue older lots first and that all necessary precautionary measures are taken, for the preservation of these supplies from deterioration, infestation, freezing and misapplication.
- f. Take inventory, with such assistants as he shall select, of all stores of subsistence supplies on hand as of the last day of the month and reconcile with the independent inventory taken by a disinterested officer detailed to this duty by the station commander.
- g. Issue subsistence supplies as directed.
- h. Sell subsistence supplies to organizations on the garrison ration and to other authorized purchasers AR 30-2290.

i. To sell cash and ration currency in payment for the sale of subsistence supplies; and as directed, receive cash from the sale of other supplies and services by the Quartermaster and others.

j. Deposit all cash with the station disbursing officer, and of all ration currency as directed.

k. Ship subsistence supplies to other stations or to depots as directed.

l. Maintain records and accounts of transactions and property for which he is accountable or responsible, as prescribed in manuals and other current War Department directives. TM 10-215.

ORGANIZATION. - The Sales Commissary will be organized into:

a. Office Section. -

- (1) Chief Clerk.
- (2) Accounts Clerk.
- (3) Issue Clerk.
- (4) Requisition Clerk.

b. Sales Store. -

- (1) Cashier.
- (2) Sales and Stock Clerk.
- (3) Butchers.

c. Warehouse Section. -

- (1) Warehouse manager.
- (2) Warehouse laborer.

3. ISSUES. - Issues to Messes on Field Ration.

a. Field Ration is a stipulated quantity of individual foods for the subsistence of one person for one day, as provided in the Quartermaster General Master Menu after local revision and Service Command approval.

b. Field rations will be issued in kind on the basis of the number of men expected to attend a mess, less prescribed percentage deductions made by higher headquarters on Consolidated Ration Request.

c. Issues will be made to the following:

- (1) Division Quartermaster.
- (2) Ration Officer appointed by the Commanding Officer of the headquarters under which units and Headquarters Detachment operate.
- (3) Ration Officer appointed by Station Commander for station complement troops.

d. Sales Officer will publish each month a schedule of issues stating date on which strength return will be based, the time the ration request will be submitted, the date of drawing rations, the date of consumption and the ration interval.

e. Ration Request will be prepared by Ration Officer and submitted on date set by Sales Officer, and will include the estimated number of rations, minus percentage deductions prescribed by higher headquarters.

f. Issues will be made on the date for drawing rations set by the Sales Officer to the Ration Officer or his appointed agent.

4. SALES TO ORGANIZATIONS ON GARRISON RATION. -

a. Organization and hospital messes operating on the garrison ration system are required to make all purchases from the Sales Commissary. If requested supplies, or items of comparable quality are not available at the Sales Commissary, the organization or hospital will be given a Certificate of Non-availability by the Sales Officer. This certificate is a grant of authority on which to purchase the supplies elsewhere.

b. Sales are made daily on a charge basis, upon a properly signed requisition from Mess Officer or his appointed agent.

c. Ration Return WD AGO Form 10-127 is prepared and submitted by all organizations subsisted on the garrison ration on the first day of each calendar month for the number of rations due for the prior month. This return will be signed by the officer commanding the organization, and will be approved by the station commander or his appointed agent.

d. Hospitals will prepare and submit a Ration Return on the first day of each month (calendar) for the number of rations due for the prior month. This return will indicate the number of patient, patient tubercular, and hospital train rations due.

e. A Ration Return is also submitted by Civilian Personnel for the number of civilians authorized to eat in hospital messes.

ga. Ration or hospital mess officer ration credit is computed. This credit is calculated by multiplying the value of each type of ration by the number of rations furnished, resulting in the sum of money or ration credit with which the organization or hospital mess will pay its charge account at the Sales Commissary.

g. The Sales Officer will prepare the Ration and Savings Account (WD Form 373). This will include a statement of the organization's account at the commissary and the amount of "ration credits" due the organization. If the ration credit is the larger amount the Form 373 is forwarded to the Finance Officer so that he may voucher the account and prepare a check for payment to the organization. If the charge account is larger the organization must pay the Sales Officer before the 20th of the following month or be reported by Sales Officer to the Station Commander as a delinquent account. No further sales will be made to organization until the station commander gives written authority for the restoration of the charge account privilege.

h. Basis for sales is the Master Menu prepared by the Office of the Quartermaster General after local revision and Service Command Approval.

5. SALES STORE. -

a. Subsistence sales to authorized individuals will be made each day from 0830 to 1600 hours except Saturdays, Sundays, Holidays, the last business day of each month and any other day the Commanding Officer may direct.

b. Cash Sales are authorized to be made to the following:

- (1) All Post Military Personnel.
- (2) All Post Civilian employees that are dependents of Military Personnel within prescribed quota set by Commanding Officer.
- (3) All other military personnel that the Commanding Officer may direct.

c. Sales are for cash but personal checks will be accepted under the following conditions:

- (1) When the signer is an authorized bearer of a Commissary identification card, and
- (2) When the check is made payable to the Treasurer of the United States, for the exact amount of the obligation.

6. GASOLINE STATION. - All authorized post personnel may purchase gasoline at the filling station between the hours of 0830 and 1630 except Sundays and Holidays.

7. AUDITS AND REPORTS. -

a. Account is audited monthly by Post Fiscal Director.

b. Reports:

(1) Report of Deposits, WD AGO Form 10-87 prepared daily in four copies.

(a) Delivers 3 copies to Disbursing Officer who retains copies 1 and 2, signs copy number 3 and returns it to Sales Officer who files it as a voucher to his account.

(b) Copy number 4 is forwarded to Army Audit Branch, General Accounting Office.

(2) Monthly Commissary Operating Statement (WD AGO Form 10-133, prepared monthly in three copies.

(a) Copy 1 and 2 forwarded to Commanding General, Chicago Quartermaster Depot, Chicago 9, Illinois.

(b) Copy 3 is retained by Sales Officer.

(c) Date submitted, 15th of each month.

(3) Monthly Strength Report, prepared monthly in two copies.

(a) Original - Commanding General, Chicago Quartermaster Depot, 1819 W. Pershing Road, Chicago 9, Illinois.

(b) Duplicate - retained by Sales Officer.-

(c) Date submitted, 5th of each month.

(4) Monthly Stock Status Report, prepared monthly in two copies.

(a) Original - Chicago Quartermaster Depot, Chicago 9, Illinois.

(b) Duplicate - retained by Sales Officer.

(c) Date submitted - 5th of each month.

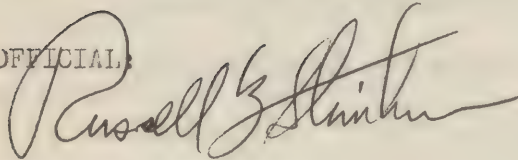
8. AUTHORITATIVE REFERENCES. -

- a. AR 30-2210, 15 Mar 40 - Rations.
- b. AR 30-2225, 9 Mar 45 - List of Subsistence Stores and Other Quartermaster Supplies Authorized for Sale by Sales Commissaries.
- c. AR 30-2260, 10 Mar 42 - Post Bakeries.
- d. AR 30-2280, 11 Oct 45 - Ice; Issues and Sale.
- e. AR 30-2290, 10 Aug 38, - Sale of Supplies and Services.
- f. AR 30-2320, 19 Mar 43 - Care of Subsistence Stores.
- g. AR 35-6660, 29 Aug 42 - Sales of Property.
- h. TM 10-215, 1 Nov 44 - Sales Commissary Operation.

9. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

FISCAL DIVISION

	Paragraph
Fiscal Director	1
Organization	2
Fiscal Officer	3
Finance Officer	4
Pay and Mileage Vouchers	5
Payment of Troops	6
Payment of Civilian Employees	7
Funds for Cash Payments	8
War Bond Issuing Officer	9
Audit of Cash	10
Additional Duties of Fiscal Director.....	11
Authoritative References	12
Rescissions	13

1. FISCAL DIRECTOR. - An officer will be designated by the Commanding General of 5th Service Command or appointed by the Commanding Officer to be the Fiscal Director and Chief of the Division. The Fiscal Director is responsible to the Commanding Officer for the proper supervision of WD and SvC principles, practices, and procedures relating to accounting and auditing, receipt and disbursement of public funds and the audit of military Property Accounts, Sales Accounts, Laundry Accounts, and such Nonappropriated Fund Accounts as assigned by the Commanding General of the Service Command, and all other funds as assigned by the Commanding Officer. ASF Manual 301.

2. ORGANIZATION. - The Fiscal Division includes the Budget and Accounts Branch, the Audit Branch, and the Receipts and Disbursement Branch

3. FISCAL OFFICER. -

a. The Fiscal Director, who also acts as Fiscal Officer, as a member of the Commanding Officer's Staff, exercises jurisdiction which is co-extensive with that of the Commanding Officer. The Fiscal Officer is, in finance matters, the technical advisor of the Commanding Officer and supervises all fiscal activities (including property auditing) pertaining to the Finance Department for the command. TM 11-500.

b. The responsibilities of the Fiscal Officer are as follows:

- (1) Acts as advisor to the Commanding Officer in respect to fiscal matters.
- (2) Prepares and defends such budgetary estimates as may be required in respect to anticipated fiscal year, quarterly, or other periodic requirements from appropriated funds to cover operations of the installation.
- (3) Advises with the head of appropriate operating units at the installation in respect to fiscal requirements and initiates action to secure, augment, or adjust allotments or sub-allotments of funds required for accomplishment or furtherance of required work or service objectives.
- (4) Determines the proper funds to be charged and sufficiency thereof in advance of the incurring of obligations against allotments or sub-allotments of funds available.
- (5) Certifies as to availability of funds on all obligating instruments; such as payrolls (civilian), purchase orders, delivery orders, formal contracts, as well as purchase requests and WD AGO Forms 5-25.
- (6) Maintains all required fiscal accounting records pertaining to the status of all allotments or sub-allotments of funds issued to the Commanding Officer.
- (7) Prepares and issues such periodic fiscal reports pertaining to the status of allotments and sub-allotments in such form and at such times as may be prescribed by the Commanding General of the Service Command in respect to allotments or sub-allotments of funds made available through the Service Command Headquarters and the Chiefs of the respective operating agencies, or field components thereof, from which other allotments or sub-allotments of funds are received.
- (8) Assists the Commanding Officer in controlling overhead operating costs.
- (9) Acts, under the technical supervision of the Service Command Fiscal Director, as Service Command

Special Auditor for conducting and supervising the audit of Property Accounts, including Sales Commissary, Quartermaster Laundry, and Troop-train Subsistence Accounts. These audit functions are coordinated with audit functions for which the Commanding General of the Service Command is responsible. AR 35-6740 & TM 11-1010.

- (10) Performs the audit of Special Welfare, Unit and Sundry Funds as designated by the Commanding Officer. These funds are audited quarterly, upon transfer of account to successor custodians, and when the funds are closed. Also performs monthly audit of Patients Fund. Other nonappropriated funds such as Post Trust Funds, Central Post Funds, Hospital Funds, and Communications Funds are audited by the Fiscal Officer upon transfer of accounts to successor custodians or at any other time as directed by the Commanding Officer. AR 210-50.
- (11) The Fiscal Officer is designated to audit the Post War Department Theater Account not less frequently than semi-annually under the supervision of the Commanding General of the Service Command. AR 210-390.

4. FINANCE OFFICER.'-

a. The Finance Officer is a bonded accountable disbursing officer operating under the administrative supervision of the Fiscal Director and is authorized to receive and disburse public funds in his own name. He is responsible for the funds so received and for their proper expenditure for the purposes specified by law, and is required to account for them in accordance with law and regulations. AR 35-120.

b. Further responsibilities of the Finance Officer are as follows:

- (1) To pay regularly and promptly all personnel and commercial concerns within the scope of his jurisdiction.
- (2) To receive and properly account for public monies coming into his possession. TM 14-500.
- (3) To advance funds for the purpose of making change at sales commissaries and other activities engaged in selling property or services. AR 35-120.

- 35-
- (4) Within certain limitations, to accept foreign currencies for exchange. WD Cir No. 364, 19
 - (5) To submit to higher echelons of command such data and special reports as may be called for, as well as periodic and routine reports, in a timely manner.
 - (6) In relation to authorized agents who may be detailed to receive and disburse public funds in the name of the disbursing officer, to render such advice on technical matters as will serve to expedite all proper payments and result in the satisfactory transaction of public business.
 - (7) In cooperation with purchasing and contracting officers, to render all advisory services possible in the preparation and certification of vouchers covering the procurement of supplies and non-personal services. TM 14-500.
 - (8) To keep himself informed of the laws and regulations pertaining to the technical duties of the Finance Department and within reason, to be available to members of the command for advice on such matters. AR 35-120.

5. PAY AND MILEAGE VOUCHERS. - Pay and mileage vouchers for officers, warrant officers, and nurses will be prepared in the finance office and the following procedure will govern all concerned:

a. Completed pay vouchers will be ready on the twentieth of each month for the signature of officers and warrant officers. Similar vouchers for nurses will also be in readiness for signature on the twentieth of each month. Officers, warrant officers, and nurses, after verifying correctness of the entries thereon, will sign and leave voucher in custody of Finance Officer.

b. Checks covering payments for vouchers received on or before the twenty-second of each month, in compliance with the above instructions, will be ready for delivery to payees on the last day of the month.

c. Checks covering payments on vouchers received subsequent to the twenty-second day of the month will not be ready for delivery until after the first of the following month.

d. Requests for preparation of mileage vouchers will be accompanied by necessary data and copies of travel orders.

6. PAYMENT OF TROOPS. - Payment of enlisted personnel will be made on the last day of the month except when that day falls on Sunday or a holiday when payment will be made on the first succeeding day. Enlisted patients will be paid by check.

7. PAYMENT OF CIVILIAN EMPLOYEES. - Payment of civilian employees will be made by check within twenty-four hours after receipt of payrolls in finance office.

8. FUNDS FOR CASH PAYMENTS. - The amount of cash in the possession of the Disbursing Officer will be the amount authorized by the Commanding Officer, upon application by the Disbursing Officer, to be kept at his own risk for disbursements for authorized purposes. When it becomes necessary to carry large amounts the Provost Marshal will provide a suitable guard upon the request of the Finance Officer. All funds required for cash payments will be obtained from the banking facility established at this installation. TM 14-500.

9. WAR BOND ISSUING OFFICER. - The Disbursing Officer is also the war bond issuing officer for this installation. He issues bonds to cover civilian payroll deductions and is authorized to sell bonds to both civilian and military personnel for cash. Personal checks are not acceptable in payment for bonds. Treasury Department checks may be cashed for the payee where the entire amount of the check or a portion thereof is turned over to the Disbursing Officer in exchange for War Savings Bonds to be issued by him. WD Cir No. 290, 1944 as amended by WD Cir No. 263, 1945.

10. AUDIT OF CASH. - Cash in the custody of the Finance Officer at the close of business on the last day of each month will be verified by two disinterested persons, preferably commissioned officers, designated by the Commanding Officer. AR 35-1100.

11. ADDITIONAL DUTIES OF FISCAL DIRECTOR. -

- a. Deputy Disbursing Officer. TM 14-500.
- b. Member, Post Planning Board. S.O. 284, CGH, 1945.

12. AUTHORITATIVE REFERENCES. -

- a. AR 35-series.
- b. AR 210-50 - Non-appropriated Funds.
- c. AR 210-390 - Motion Picture Service.
- d. ASF M 301, 15 June 1945 - ASF Organization, 406.09, Post Fiscal Division.

e. TM 14-500, May 1945 - Organization & Functions of Disbursing Offices.

f. TM 14-1010, Jan 1945 - Property and Sales Account Auditing Procedures.

g. Post Planning Board - Par 14, CGH S.O. 284, 29 Nov 1945.

h. Service Command Special Auditor - Sales Commissary & Troop-train Subsistence Accounts.

(1) Letter, Hq 5th SvC, file SPVDF 141-A (CGH), 14 Sep 1945.

(2) Letter, Hq 5th SvC, file SPVDF 1435-A, 19 Oct 1945.

i. Auditor, Nonappropriated Funds - Par 24, CGH S.O. 295, 12 Dec 1945.

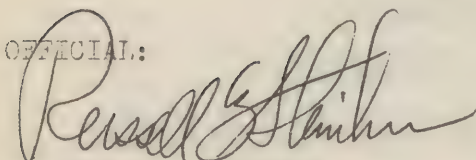
j. Deputy Disbursing Officer - Office Fiscal Director, ASF, file SPFES 168 (Morris, Helene Mack) 19 Nov 1945.

k. War Bond Issuing Officer - Letter Office Fiscal Director, ASF, file SPFES 018.1 (Bassham, Robert E.L.) 29 Jan 1945.

13. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-10)

CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

OFFICERS OF THE DAY - PROFESSIONAL

	Paragraph
Detail.....	1
Tour of Duty.....	2
General Duties.....	3
Specific Duties.....	4
Record of Tour.....	5
Special Instructions.....	6
Liaison with Administrative Officer of the Day.....	7
Alternate Professional Officers of the Day.....	8
Authoritative References.....	9
Rescissions.....	10

1. DETAIL. - Officers of the Medical Corps will be detailed from the Medical Service and Surgical Service as "Medical Officer of the Day" and "Surgical Officer of the Day" respectively, in addition to their other duties. The Medical Service will also furnish a "Neuropsychiatric Officer of the Day". A roster for this purpose will be kept by the Adjutant and officers subject to detail will be notified seventy-two hours in advance by Hospital Bulletin. The interchange of tours of duty as Professional Officers of the Day, wholly or in part, is prohibited except under exceptional circumstances when properly relieved by the Commanding Officer or his representative.

2. TOUR OF DUTY. - The tours of duty for the Professional Officers of the Day will begin at 0800 hours and continue for twenty-four hours. During this period they will remain within the limits of the hospital reservation. Each will keep the Telephone Operator informed of his whereabouts at all times during his tour of duty, who in turn will notify the Information Desk and R & D Office. They will sleep in the rooms provided for them. The old and new Professional Officers of the Day will formally report between 0800 and 0830 hours to the Commanding Officer or his representative.

3. GENERAL DUTIES. - The Professional Officers of the Day are charged with;

a. The proper care of all patients in the hospital assigned to their respective services during the absence of the Ward Officers. They will be available for professional advice and service at all times during their tours of duty.

b. Make two (2) complete inspections of their respective services during their tours of duty;

(1) One between 1800 and 2400 hours, and

(2) Second between midnight and Reveille.

During these inspections, each will visit every ward on his service; see all seriously ill patients; ascertain that the hospital

rules as to conduct are being observed; that the ward personnel are on duty, and properly performing their duties. At each inspection they will check the condition of the wards in regard to police and sanitation and will correct any violation of hospital regulations noted. All emergency calls will be answered promptly and if there is any doubt as to proper procedure, each will consult with his respective Chief of Service or his assistant.

c. Deaths. - During the absence of Ward Officers, each will;

(1) Pronounce all deaths occurring on his Service during his tour of duty.

(2) See that the body is tagged according to HR 40-1060.

(3) Be assured that remains are properly prepared and promptly removed to the Morgue.

(4) Prepare notice of death and transmit as prescribed.

(5) Make an immediate search of the deceased person's bed, bedside table, and of the ward for clothing, money, valuables, or other effects belonging to the patient. Any money or valuables found will be itemized on the local deposit form, in duplicate, and the form signed by the officer making the search. This search will be ordinarily made in the presence of a witness who will also sign the form.

(6) Deliver the forms, together with any money or valuables found, as soon as possible to the Custodian of Patients' Funds and Valuables, who will receipt and return the duplicate to the officer making the deposit and file the original.

(7) Make sure that clothing and effects other than money and valuables which are found are listed on Patients' Property Card, Form 75, MD, in duplicate, which will be signed by the officer making the search; after which, the forms, together with such clothing and effects found, will be delivered to the Patients' Baggage Room.

4. SPECIFIC DUTIES. -

a. Medical Officer of the Day. - The MOD will, in addition to his other duties;

(1) Assume all duties of the Receiving and Disposition Officer and those of the Officer in Charge of the Out-Patient Service, except for calls outside the reservation, during their absence.

(2) Admit patients who are entitled to treatment in Army hospitals, (AR 40-505) during the absence of the Receiving and Disposition Officer, in accordance with HR 40-1110. He will make a sufficiently thorough examination to detect the presence of contagious disease and to permit proper emergency treatment and will prescribe the diet. He will initial MD Form No 55A except when the patient is admitted directly to the ward during the duty hours of the Ward Officer, in which case the latter will initiate the form. He will assign the patients proper wards as indicated in current instructions.

(3) Notify the Surgical Officer of the Day upon the admission to the hospital of a patient assigned to the Surgical Service.

b. Surgical Officer of the Day. - The SOD will, in addition to the general duties;

(1) Respond to all calls for surgical consultation requested by other professional OD's.

(2) Report on call to R & D Office for advice and management of surgical cases. Make recommendations regarding admission of these cases to appropriate wards.

(3) Examine and prescribe diets and treatment for all new surgical cases in absence of Ward Officers.

(4) Decide necessity for surgical operative intervention and notify the ward officers, Chiefs of Sections and Services as in his judgment the case requires.

c. Neuropsychiatric Officer of the Day. - The NP OD will, in addition to general duties;

(1) Concern himself only with NP patients unless called upon to assist the Medical Officer of the Day in case of emergency.

(2) Admit all patients to the NP Section in cooperation with the MOD. He will initial the MD Form No 55A, except when the patient is admitted during the duty hours of the Ward Officers.

(3) Check the formation of the NP Night Ward Attendants at 1900 hours with the Administrative Officer of the Day in the lobby between the Red Cross Building and the Post Exchange. Immediately after this formation, he will check each ward for adequacy of personnel. He will concern himself during

his entire tour of duty with a constant vigilance over the NP Wards, open and closed, making certain that they are covered. It is extremely important that wards of this type be constantly watched.

(4) Answer all emergency calls promptly and if there is any doubt as to proper procedure, he will consult with the MOD, who will call the Chief of the Medical Service or his Assistant, if necessary.

5. RECORD OF TOUR. - The Professional Officers of the Day will, at the completion of their tour, prepare their reports in the Offices of their Chiefs of Services, using appropriate WD AGO Forms, 8-192.

6. SPECIAL INSTRUCTIONS. - The Chiefs of Services will instruct their respective Officers of the Day as to the patients on their Services who, in their opinion, will require special attention during the absence of the ward officers.

7. LIAISON WITH ADMINISTRATIVE OFFICER OF THE DAY. - The Professional Officers of the Day will report to the AOD any violations of the Hospital Regulations noted, together with the action taken by them. In case of emergency, when the AOD is already occupied or in need of assistance, the POD will be notified and will take such action to assist the AOD as may be necessary. HR 15-10.

8. ALTERNATE PROFESSIONAL OFFICERS OF THE DAY. - An officer will be detailed as alternate POD on each Service. The officers so detailed will ordinarily be those officers detailed as Professional Officers of the Day for the day following. They will keep themselves available on the Post for duty in emergency.

9. AUTHORITATIVE REFERENCES. -

a. TM 260, 16 July 1941, Chapter 3, Sec XI, Professional Officer of the Day.

b. HR 15-10, 1 Jan 1946, Admin Off of the Day.

c. HR 40-40, 1 Jan 1946, Medical Service.

d. HR 30-50, 1 Jan 1946, Burials.

HR 40-10

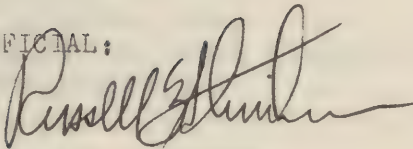
e. HR 40-60, 1 Jan 1946, Surgical Service.

f. HR 40-1060, 1 Jan 1946, Deaths.

10. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON;

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-15)

HR 40-15
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio.
1 January 1946.

DENTAL SERVICE

	Paragraph
Organization	1
Chief of Service	2
Chief of Section	3
Request for Dental Examination and Treatment of Patients in Hospital	4
Appointments	5
Dental Treatment of Out-Patients	6
Dental Emergency Officer	7
Procedure in Special Cases	8
Responsibility for Dental Patients in Hospital	9
Authoritative References	10
Rescissions	11

1. ORGANIZATION. - The Dental Service is a professional unit of the hospital. It will include all officers of the Dental Corps, enlisted personnel as may be assigned to the Dental Service, and such other personnel as may be assigned to it by proper authority. The Dental Service will be sub-divided into the following sections:

- a. Oral Surgery Section.
- b. Operative Section
- c. Prosthetic Section.

2. CHIEF OF SERVICE. - The Commanding Officer will designate the Chief of Dental Service who will be in charge of that service and will be known as the Chief of the Dental Service. His duties and responsibilities in general will be:

- a. General supervision of the Dental Service.
- b. The issuing of such orders and formulating of such regulations for the operation of the service as he may consider necessary.
- c. The assignment of officers to this service to specific duties.
- d. The administration, sanitation, and police of operating rooms, clinics, and other activities pertaining to his service.
- e. The technical training of enlisted and civilian personnel assigned to the Dental Service.

f. The performances of the annual survey of enlisted men of the various duty detachments as prescribed in AR 40-150.

g. The maintenance of the Register of Dental Patients and for the preparation and rendering of all dental reports, returns and records as prescribed in Army Regulations.

h. The proper use, care and safeguard of all supplies, property, and equipment issued his service. He may recommend to the Commanding Officer that an officer of his service be designated as property officer who will be the responsible officer as defined in Army Regulations, but such delegation will not serve to relieve the Chief of Service of his supervision. AR 40-15.

3. CHIEF OF SECTION. - Each of the sections listed in paragraph 1, above, will be conducted by a designated dental officer who will be known as the Chief of Section. He will be responsible to the Chief of Service for the administration and operation of his section and for the care and treatment of all cases in that section.

4. REQUEST FOR DENTAL EXAMINATION AND TREATMENT OF PATIENTS IN HOSPITAL.

a. AGO Form 8-43 (old MD Form 55-E-4) will be prepared by the ward officer when dental treatment or consultation is desired for any patient. Unless the patient is unable to leave the ward he will be given the form and sent to the Dental Clinic. No diagnosis need be entered unless considered essential by the referring officer. If for any reason the patient is unable to proceed to the Dental Clinic, the request may be forwarded with an explanation under "Remarks" and the examination will be made or treatment given on the ward. Only one copy of AGO Form 8-43 is required.

b. Upon receipt of AGO Form 8-43 at the Dental Clinic the required examination or treatment will be given. The findings and action taken will be entered and the form returned to the ward for inclusion in the patients clinical record. A completion slip in the form of a memorandum to the ward officer will be sent to the ward when the patients dental work is completed. This should be permanently attached to the original AGO Form 8-43 to become a part of the patients clinical record.

c. Requests for routine examination and treatment should be made as soon as possible after admittance for all patients whose hospitalization is expected to be prolonged.

d. Requests for routine examination and treatment should not be made for patients who are admitted for minor causes and whose hospitalization is expected to be of short duration.

e. Requests for examination for detection and elimination of oral foci should not be a routine procedure but should be made for those cases wherein dental foci is considered an etiological factor in the disease or condition which is under treatment.

f. Requests for routine examination or treatment should be made at anytime upon the request of the patient.

g. Requests for examination for clearance should not be made when the patients clinical record contains a recent notification that his dental work has been completed.

5. APPOINTMENTS. - Appointments will be made for patients requiring treatment unless such treatment can be completed at the time of examination. The patients will be informed of the time of their appointment and the Chief of the Dental Service will notify the ward officers when patients in the hospital are given appointments. Ward officers will be responsible that patients under their charge for whom dental appointments are made are required to report to the Chief of the Dental Service promptly at the designated hour; or, if such patient is unable to keep the appointment, are responsible that the Chief of the Dental Service is so notified as far in advance as possible. Leaves, furloughs, or passes which might interfere with dental treatment will not be granted without consultation with the Chief of the Dental Service.

6. DENTAL TREATMENT OF OUT-PATIENTS. -

a. Officers and members of the Army Nurse Corps on duty at the hospital who require dental treatment will report to the Chief, Out-Patient Service.

b. Enlisted men and women of the various duty detachments who require dental treatment will have their names placed on the Daily Sick Report and report to the Chief of the Out-Patient Service, who will refer them to the Chief of Dental Service.

c. All other persons eligible for dental attendance will report to the Chief of the Out-Patient Service who will refer the case to the Chief of Dental Service.

7. DENTAL EMERGENCY OFFICER. - A dental officer will be detailed by roster by the Chief of Dental Service for the purpose of caring for dental emergencies arising after regular duty hours on the Dental Service and Out-Patient Service. The tour of duty for the Dental Emergency Officer will begin at 0800 hours on the day designated and end at 0800 hours the following day. During this tour, he will keep the Information Desk constantly informed where he can be reached by telephone.

8. PROCEDURE IN SPECIAL CASES. -

a. Patients with suspected fracture of the jaw will be referred to the Dental Service immediately upon admission. In the event the patient is admitted at other than duty hours, the Dental Emergency Officer will be notified.

b. When a patient is admitted to the ward for dental treatment only, the ward officer will immediately notify the Chief of the Dental Service who will expedite treatment with a view of his early discharge.

9. RESPONSIBILITY FOR DENTAL PATIENTS IN HOSPITAL. - The ward officer

of the ward to which a patient in hospital for "dental treatment only" has been assigned, is responsible for the administration, discipline, care, etc., of the patient and for the preparation and maintenance of the patient's clinical record.

10. AUTHORITATIVE REFERENCES. -

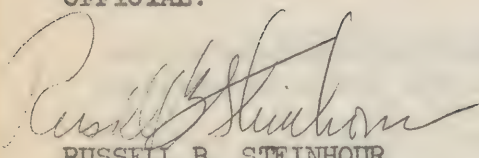
a. AR 40-15 - Dental Corps - General Provisions.

11. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

ARMY NURSE CORPS AND NURSING SERVICE

	Paragraphs
Nursing Service.....	1
Status.....	2
Arrival Procedure.....	3
Supervision.....	4
Hours of Duty.....	5
Nursing service, personnel duties and reports.....	6
Procedure of Nurses Relieving others in charge of wards.....	7
Authoritative References.....	8
Rescissions.....	9

1. NURSING SERVICE. -

- a. Provides Nursing Service for the hospital.
- b. Assists in the technical training of nurses.
- c. Supervises nurses quarters.
- d. Conducts Cadet Nurse Training Program, Par 22 TM 262

2. STATUS. - Relative to medical and sanitary matters and work in connection with the sick, members of the Army Nurse Corps and other nurses employed are to be regarded as having authority in and about military hospitals next after the officers of the Medical Department, and are at all times to be obeyed accordingly and receive the respect due to their position. Par 199 TM 8-260.

3. ARRIVAL PROCEDURES. - Upon arrival at the hospital, all nurses report immediately to the Principal Chief Nurse for instruction and assignment to duty. Par 200 TM 8-260.

4. SUPERVISION. -

a. The Principal Chief Nurse has supervision over all members of the Army Nurse Corps and the nursing service of a hospital. She is charged with the instruction, assignment, discipline, performance of duty, and conduct while on duty of members of the Army Nurse Corps and the assignment, performance of duty, and conduct of female help employed in the nurses quarters. She is responsible for requisition, preservation and disposition of public property and sanitation in nurses quarters, and for such other duties as are assigned to her by her commanding officer. Par 10 (d) AR 40-20.

b. Under the direction of the commanding officer the Principal Chief Nurse is charged with responsibility of the wearing of the prescribed uniform as pertains to nurses. Par 5 AR 600-37.

5. HOURS OF DUTY. - The hours of duty for all members of the Army Nurse Corps and other nurses employed are as prescribed by the Principal Chief Nurse. Par 202 TM 8-260.

6. NURSING SERVICE, PERSONNEL DUTIES AND REPORTS. -

a. Supervisors. -

- (1) General duties - Qualified members of the Army Nurse Corps are detailed when necessary as assistants to the Principal Chief Nurse to supervise the nursing service of the hospital during the day or night tours of duty. Hours of duty are as prescribed by the Principal Chief Nurse.
- (2) Day. - The Day Supervisors perform such duties as may be required of them by the Principal Chief Nurse.
- (3) Night. - The Senior Night Supervisor is responsible for the nursing service during her period of duty. Nurses apply to the Night Supervisor for instruction when necessary, and inform her as soon as practicable of any emergencies or unusual occurrences arising in their respective wards. Upon being relieved from duty she makes a written report of any unusual incidents of the night, and derelictions of duty on the part of the night nurses.

b. Head Nurse. - The Head Nurse of the ward serves as its responsible nursing head. Under the direction of the Ward Officer she has charge of the ward, patients, nurses, enlisted personnel, and other persons assisting in the nursing care of the sick, and is obeyed and respected accordingly. Her hours of duty are the same as those of the other nurses. The Head Nurse makes a report of the nurses' time on duty to the Principal Chief Nurse daily, on the form provided for that purpose. The reports to the Principal Chief Nurse concerning the efficiency of the nurses under her. She is responsible for:

- (1) Receiving and recording of all records relating to the care and treatment of patients in her ward.
- (2) Proper administration of all medicines and treatments.
- (3) Procurement of and proper serving of all foods in the wards to which no dietitians are assigned for duty.
- (4) Careful, accurate, and legible preparation of all ward records and routine reports as required. In this connection, particular care is taken in maintaining the ward narcotic register.

- (5) Safeguarding of keys of ward cabinets containing liquor, opiates and poisons. The keys will be carried on the person at all times.
- (6) Care of ward property and preparation of the requisitions for needed supplies for the consideration and signature of the Ward Officer.
- (7) Cleanliness and order of the ward and its adjoining rooms.
- (8) Care of patients' effects, other than money and valuables, until transferred to the proper custodian.

c. Nurses. - Nurses perform such duties as may be required of them by the Head Nurse of their respective wards under the direction of the Ward Officer. They make a report of the work on their ward to the Principal Chief Nurse at 0700 and 1800 hours daily on the form provided for that purpose. Par 203, TM 8-260.

7. PROCEDURE OF NURSES ON RELIEVING OTHERS IN CHARGE OF WARDS. - Nurses in charge of wards, being relieved by others, accomplish and sign the statement in the Ward Day Book showing the date and the time they were relieved of charge, the number of patients to be accounted for as shown by the ward records, the actual count of narcotics and other drugs to be accounted for. On closed wards, an actual and physical count of patients is made before the statement referred to is accomplished. On other wards of the hospital a similar check is made upon relief of person in charge between the hours of 1830 and 0900 only. Steps are taken to account satisfactorily for absentees from check; and when they cannot be properly accounted for, report is furnished the Ward Officer, or in his absence the Administrative Officer of the Day. Par 204, TM 8-260.

8. AUTHORITATIVE REFERENCES. -

a. Nursing Service - Par 22 TM 8-262 - Administration of Fixed Hospitals ZI WD 1 July 1945.

b. Army Nurse Corps and Nursing Service - Par 199, 200, 201, 202 203 and 204 - TM 8-260 - Fixed Hospitals of the Medical Department 16 July 1941.

c. Supervision

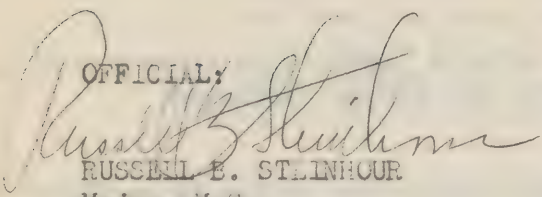
- (1) Par 10 (d) AR 40-20 - Army Nurse Corps General Provisions WD 5 April 1943.

(2) AR 600-37 Prescribed service uniform - Women Personnel of the Army - 10 April 1945.

9. RESCISSIONS. - HR, CGH - 15 Feb 1944.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOOR

Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-30)

HR 40-30
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

ADMINISTRATIVE ASSISTANTS

	Paragraph
General.....	1
Schedule of Duties.....	2
Reports.....	3
Authoritative References.....	4
Rescissions.....	5

1. GENERAL. - Non-professional commissioned officers have been assigned administrative duties as Assistants to the Chief of the Medical and the Chief of the Surgical Service. The administrative assistant is the representative of the Chief of the Service. Within the limits of the administrative activities (duties) and in conformity with the policy of the Chief of the Service, the Administrative Assistant will exercise authority delegated to him over all personnel on the Service. Any major deficiencies noted by the ward officers or nurses which may be considered within the scope of these **activities**, will be brought to the attention of the Administrative Assistant for necessary action.

2. SCHEDULE OF DUTIES. - The administrative assistant will:

a. Assume responsibility for all property located on the clinics, wards and offices assigned to his care. He will keep an accurate inventory of all property and will make a check at least once a month. Reports of overages and shortages will be rendered as required. HR 40-1705. The Administrative Assistant will take every opportunity to impress on duty personnel, both singly and in groups, their own responsibility in safe-guarding property and equipment, and will instruct them in the avoidance of irregularities which lead to loss of property.

b. Supervise the conservation of all equipment and supplies. He will take the necessary steps to see that unnecessary waste is avoided.

c. Submit work requests to the Post Engineer for routine repairs to buildings, fixtures, furniture and medical equipment. Except in cases of emergency, work requests will all pass over the desk of the Administrative Assistant. HR 100-5.

d. Make a sanitary inspection twice weekly with the ward master concerned, taking notice of any deficiencies in police and sanitation and arranging for their correction.

e. Investigate all AWOL's from the ward to ascertain how clothing was procured by the patient or patients concerned.

- f. Assist the ward officers in the issuance of passes.
- g. Check patients for any deviation in prescribed hospital uniform.
- h. Assist the linen control officer in the quarterly inventory of linen as prescribed by ASF Cir No 395, 1944 and ASF Cir No 222, 1945.
- i. Assign and supervise all enlisted and civilian personnel in his section.
- j. Check narcotic registers at irregular intervals to assure compliance with established directives.
- k. Make referral to the proper office of patients' personal affairs.
- l. Assure that patients are promptly paid.
- m. Maintain a roster of all patients restricted by Court-Martial or under A.W. 104 and insure that the punishment imposed is carried out.
- n. Supervise the operation of the stenographic pools, if any, in their particular sections.
- o. Investigate all instances of fire and theft on their section and make a report to the Commanding Officer. HR 100-50.
- p. Assist in facilitating rapid admission and discharge of patients.
- q. Check hospitalization records to insure completeness prior to returning patients to duty or bringing them before the appropriate board.
- r. Supervise the handling of the patients' clothing cards and assure that they are maintained up to date.
- s. Check on the transfer of patients from one ward to another to see that all pertinent records are also transferred.
- t. Assist in coordinating reconditioning activities on the wards so that the patients receive the most benefit.
- u. Assure that newly admitted patients report promptly for processing as scheduled.
- v. Perform such other duties as the appropriate Chief of Service may assign.

3. REPORTS. -

- a. Those required by the Chiefs of Service.
- b. Those required by Medical Supply Officer.

4. AUTHORITATIVE REFERENCES. -

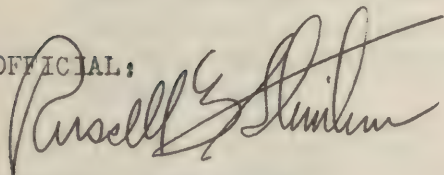
- a. AR 40-1705, 2 Nov 1942, Medical Supplies.
- b. ASF Cir No 295, 2 Dec 1944, General Hospitals, Standard Hospital Linen Control and Distribution System.
- c. ASF Cir No 222, 15 Jun 1945, General Hospitals, Standard Hospital Linen Control and Distribution System.
- d. CGH, HR 40-1705, 1 Jan 1946, Medical Supplies.
- e. CGH, HR 100-5, 1 Jan 1946, Engineer.
- f. CGH, HR 100-50, 1 Jan 1946, Fire Regulations

5. RESCISSIONS. -

- a. CGH Memo No 26, 11 Sep 1945, Duties of Administrative Assistants.

BY ORDER OF COLONEL EMERSON;

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-40)

HR 40-40
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

MEDICAL SERVICE

SECTION

Paragraph

I - Administration and General Provisions	1 - 10
II - Allergy	11 - 12
III - Cardiovascular-Renal	13 - 14
IV - Communicable Diseases	15 - 19
V - Dermatological and Venereal Diseases	20 - 21
VI - Detention Ward	22 - 30
VII - General Medical	31
VIII - Neurological	32 - 33
IX - Neuropsychiatric	34 - 43
X - Officers' and Women's Medical	44 - 47

Section I

ADMINISTRATION AND GENERAL PROVISIONS

Paragraph

Organization	1
Chief of Service	2
Assistant Chief of Service	3
Chiefs of Sections	4
Ward Officers	5
Administrative Assistants	6
Staff and Professional Medical Meetings	7
Reports	8
Authoritative References	9
Rescissions	10

1. ORGANIZATION. - The Medical Service constitutes a major Professional Service of this hospital. It is subdivided into the above Sections.

2. CHIEF OF SERVICE. - The Commanding Officer will designate a Medical Corps officer, who will be in charge thereof and will be known as the Chief of the Medical Service. He will make recommendations to the Commanding Officer as to assignment of assistants, will supervise and be responsible for the administration, sanitation, and police of the sections, wards and clinics pertaining to his service and for the professional care and treatment of patients therein, and the correct completion of their clinical records before transmitting them to the Registrar.

3. ASSISTANT CHIEF OF SERVICE. - An officer of the Medical Service will be detailed by the Commanding Officer on recommendation of the Chief of the Medical Service as Assistant Chief of the Service. This office will be held in addition to other duties.

4. CHIEF OF SECTION. - Each of the sections listed above will be conducted by a designated medical officer who will be known as the Chief of Section. He will be held responsible to the Chief of Service for the administration, operation of his section, and care and treatment of all patients therein.

5. WARD OFFICER. - Ward Officers are responsible to the Chief of Section for administration, police and sanitation of their wards and clinics and for the professional care of patients assigned thereto.

6. ADMINISTRATIVE ASSISTANTS. - Administrative assistants are non-professional officers assigned to the Chief of Service. As such, they are representatives of the Chief of Service and will take precedence over all ward, clinic and officer personnel when in the performance of their duties. For a complete outline of their duties, refer to HR 40-30.

7. STAFF AND PROFESSIONAL MEDICAL MEETINGS. - The Chief of the Medical Service will arrange for routine meetings of all officers of his service at least once weekly. The purpose of these meetings will be to discuss administrative and professional matters pertaining to his service and report unusual cases which present diagnostic difficulties. The Chief of the Medical Service and the Chief of the Surgical Service will arrange for routine meetings of all officers of both services at least once weekly. The program will be rotated between the Services. The purpose of these meetings will be coordinated dissemination of knowledge among the Services.

8. REPORTS. - The Chief of the Medical Service will submit, at the end of each month, a consolidated report in single copy to the Commanding Officer on the activities of his service. Reports from sub-sections and sections will be incorporated in this single report and will not be submitted separately. This report will be informative enough to serve as the basis for the annual history of the service.

9. AUTHORITATIVE REFERENCES. -

a AR 40 - series, especially:

• (1) AR 40-210, 25 Apr 45, Prevention and Control of Communicable Disease of Man.

(2) AR 40-590, 29 Aug 44, Administration of Hospitals, General Provisions.

(3) AR 40-1080, 10 Dec 43, Statistical Health Reports.

(4) AR 615-250, 24 Jul 42, Physical Inspections.

b. Army Service Forces Circulars:

(1) ASF Cir 19 (1943), Maternity and Infant Care.

(2) ASF Cir 333 (1944), Maternity and Infant Care.

(3) ASF Cir 371 (1944), Female Patients.

(4) ASF Cir 377 (1944), Maternity and Infant Care.

(5) ASF Cir 74 (1945), Retention of Psychiatric Patients on Locked Wards.

(6) ASF Cir 196(1945), Retention of Psychiatric Patients on Locked Wards.

c. Training Manuals:

(1) TM 8-260, 13 July 41, Fixed Hospitals of the Medical Department.

(2) TM 8-262, Feb 45, Administration of Fixed Hospitals, Zone of Interior.

(3) TM 8-614, 2 Oct 44, Cardiograph, Portable.

d. Technical Bulletins, WD Medical Department:

(1) TB Med 3, 11 Jan 44, WD, MD Fm No. 78a (Patients Record of Syphiletic Treatment).

(2) TB Med 9, 12 Feb 44, Penicillin.

(3) TB Med 11, 22 Feb 44, Influenza.

(4) TB Med 31, 11 Apr 44, Scrub Typhus Fever.

(5) TB Med 45, 20 May 44, Notes on Certain Infectious Diseases.

(6) TB Med 47, 28 May 44, Control of Diseases of Respiratory System and other Diseases Transmitted by discharge from the Respiratory Tract.

(7) TB Med 48, 31 May 44, Management of Neuro-syphilis.

(8) TB Med 65, 3 July 44, Drug Suppressive Treatment of Malaria.

(9) TB Med 69, 22 July 44, Notes on Certain Diseases of the Chest.

(10) TB Med 71, 28 July 44, Tuberculous Pleurisy with Effusion.

(11) TB Med 72, 10 July 44, Treatment of Clinical Malaria and Malarial Parasitemia.

(12) TB Med 76, 28 July 44, Neurological Diagnostic Techniques.

(13) TB Med 81, 4 Aug 44, Trench Foot.

(14) TB Med 84, 10 Aug 44, Treatment Program for Psychiatric Patients in Station and General Hospitals.

(15) TB Med 85, 15 Aug 44, Influenza Vaccine.

(16) TB Med 94, 21 Sept 44, Neuropsychiatry for General Medical Officers.

(17) TB Med 97, 29 Sept 44, Rheumatic Fever.

(18) TB Med 103, 10 Oct 44, Group Psychotherapy.

(19) TB Med 106, 11 Oct 44, Penicillin Treatment of Syphilis.

(20) TB Med 112, 1 Nov 44, Sulphadiazine Prophylaxis of Acute Respiratory Diseases.

(21) TB Med 113, 7 Nov 44, Medical and Sanitary Data on Borneo.

(22) TB Med 114, 9 Nov 44, Immunization.

(23) TB Med 119, Nov 44, Bacillary Dysentery.

(24) TB Med 136, Jan 45, Avoidance of Relapses of Vivax Malaria by Use of Suppressive Medication.

(25) TB Med 143, Feb 45, Cutaneous Diphtheria.

(26) TB Med 157, Apr 45, Chancroid, Lymphogranuloma Venereum, and Granuloma Inguinale.

(27) TB Med 158, May 45, Menopause.

(28) TB Med 172, June 45, Treatment of Infectious Diseases with Sulfonamide Drugs.

(29) TB Med 196, 20 Aug 45, Management of Gonorrhea.

(30) TB Med 198, 20 Aug 45, Management of Syphilis.

10. RESCISSIONS. - None.

Section II

ALLERGY

	Paragraph
Functions	11
Skin-Testing Sub-Section	12

11. FUNCTIONS. - The Allergy Section will treat all cases of asthma, hay fever, articularia, angio-neurotic edema, allergic rhinitis, migraine, and other allergic clinical entities, making use of the other facilities of the hospital as the occasion demands.

12. SKIN-TESTING SUB-SECTION. - Skin-testing examinations will be made at the request of the Ward Officers or the Chief of the Out-Patient Service. Request for such examinations will be made in duplicate on form No. 55 E-9, MD, and transmitted to the Chief of the Allergy Section, who will make the necessary appointments with the patient, cause the examination to be made, and enter the findings of this examination on Form 55-E-9, MD. The original of this form will be returned to the department requesting the examination to be incorporated in the patient's clinical record, and the copy will be retained in the file of the Allergy Section. Form No. 55 E-9, MD, will be used only when requesting skin-testing and will not be used for consultation.

Section III

CARDIOVASCULAR-RENAL

	Paragraph
Functions	13
Electrocardiography Sub-Section	14

13. FUNCTIONS. - The Cardiovascular-Renal Section will function for the treatment of cardiac, vascular, and renal disease.

14. ELECTROCARDIOGRAPHY SUB-SECTION. - The Electrocardiography Sub-Section will operate under the immediate charge of the Chief of Section, who will be responsible for its efficiency and for the supplies and equipment used therein. Requests for electrocardiograms will be made on Form No. 55-J, MD, in duplicate, by Ward Officers and Chief of Out-Patient Service, and forwarded to

the Chief of the Cardiovascular-Renal Section. The original form will be returned to the department requesting the examination, together with typical sections of the electrocardiogram, which will be attached to the clinical record of the patient in question; or, in the case of the outpatients, filed with the record of the patient in the Out-Patient Service. Additional sections of the electrocardiogram will be retained in the Electrocardiograph Sub-Section as a permanent record.

Section IV

COMMUNICABLE DISEASES

	Paragraph
Functions	15
Patients' Clothing	16
Laundry	17
Visitors	18
Reports	19

15. FUNCTIONS. - The Communicable Disease Section will function for the treatment of all cases of contagious disease in the hospital, and any such other cases as may, in the opinion of the Chief of the Medical Service, require isolation. The R & D Office and Chief, Out-Patient Service will refer all cases of communicable disease or suspicious cases to this section. The Chief of Section will be appointed by the Commanding Officer upon the recommendation of the Chief of the Medical Service and will be officially designated as the Chief of the Communicable Disease Section. He will be responsible for the proper isolation, segregation, care and treatment of all patients in this Section and will institute such prophylactic and other sanitary measures as he may deem necessary to prevent cross infection of personnel. He will cause to be placed at the entrance of each room in which contagious disease cases are under treatment, a placard of suitable size showing the character of the disease therein.

16. PATIENTS' CLOTHING. - The clothing of patients admitted to a ward in the Communicable Disease Section will not be sent to the Patients' Baggage Room until it has been properly disinfected. Such clothing will be inventoried and listed as provided in Hospital Regulations. Underclothing and outer-clothing that can be sterilized by steam will be placed in a sack or pillow case, securely tied and tagged with patient's name and number of ward and taken to the disinfecting plant for sterilization. Hats, shoes, belts and other articles that may be damaged by steam will not be sent to the disinfecting plant, but will be disinfected as directed by the officer in charge of that section. After the clothing and effects have been disinfected, they will be disposed of as directed in Hospital Regulations. See HR 40-1210.

17. LAUNDRY. - All soiled bed linen, hospital clothing of patients, towels and other articles of hospital linen which have been in contact with patients suffering from contagious diseases will be placed in a sack, securely tied, and sent to the disinfecting plant for sterilization before it is delivered to the hospital laundry, provided, in the opinion of the Chief of the Medical Service, such procedure is necessary to prevent the spread of infection. Linen of this character which has been soiled by excreta or discharge from the respiratory tract will be rinsed and soaked in a five percent solution of liquid cresolis compound, or other suitable disinfectant, for at least thirty minutes prior to the placing in a sack as prescribed above, if, in the opinion of the Chief of the Medical Service, such procedure is necessary to prevent the spread of infection.

18. VISITORS. - Ward Officers of Communicable Disease Wards will require to be kept on the nurse's desk a list showing the names of those patients who may have visitors, and, in each instance, the length of visit which will be permitted. Except under exceptional circumstances visitors to the Communicable Disease Wards will be limited to their relatives or persons with urgent business who may be permitted to see such patients as are considered by the ward officer to be physically able to have visitors and when the character of the disease is such that quarantine of the visitor will not be required. Personnel on duty in the Information Office will ascertain from the nurse on duty as to whether or not the patient is permitted visitors in the case of all persons requesting to visit patients in Communicable Disease Wards.

19. REPORTS. - The Chief of the Communicable Disease Section will require Ward Officers on duty in this section to submit a report of contagious diseases to the Registrar through the Chief of the Medical Service, for each case of communicable disease admitted to their ward. In the event that the patient is an officer, warrant officer, enlisted personnel, or civilian whose duties require him to be present on a military reservation, the Registrar will furnish the Medical Inspector having sanitary jurisdiction over the military reservation a copy of the report submitted by the Ward Officer. The registrar will also report such cases to the local public health agency as local laws require.

Section V

DERMATOLOGICAL AND VENEREAL DISEASE

	Paragraph
Functions	20
Classes of Patients Treated	21

20. FUNCTIONS. - The Dermatological and Venereal Disease Section will function for the treatment of all cases of skin and

venereal diseases, as well as any other cases of this character which the Chief of the Medical Service decides should be treated in this Section.

21. CLASSES OF PATIENTS TREATED. - All dermatological and venereal disease cases will be treated in this section as well as any other cases of this character as the Chief of the Medical Service deems necessary. Cases of gonorrhea and syphilis, regardless of what category of personnel has incurred them will be treated in this section until they are no longer in the infectious stage, when they will revert to duty or other status in accordance with current directives and treated in the Out-Patient Service. Officers, patients on officer's status and female personnel on enlisted status will be treated on Officers' and Women's Sections. These patients will revert to duty or other status in accordance with current directives and treated in the Out-Patient Service.

Section VI

DETENTION WARD

	Paragraph
Organization and Functions	22
General Provisions	23
Ward Officer	24
Commanding Officer, Det of Pnts	25
Procedure on Admission	26
Treatment in Other Departments	27
Visitors to the Detention Ward	28
Insane Prisoners and Prisoners Under Mental Observation ...	29
Medication	30

22. ORGANIZATION AND FUNCTIONS. - The Detention Ward will function under the direction of the Chief of the Medical Service and is assigned to the Neuropsychiatric Section for all matters relating to the professional care and treatment of patients; and under the Commanding Officer, Detachment of Patients for all matters relating to the police, discipline, custody and safeguard of patients.

23. GENERAL PROVISIONS. -

a. The Detention Ward of this hospital is maintained for the purpose of furnishing treatment to patients who have been confined for disciplinary reasons. The classes of patients treated in this ward are:

(1) General and garrison prisoners (not insane or under mental observation).

(2) Patients who, on account of infraction of Hospital Regulations, may be temporarily committed by proper authority

(3) Such other persons as the Commanding Officer may direct.

b. In addition to being maintained as a ward for patients in confinement and who are undergoing enforced treatment, this ward will receive such prisoners, not patients, as may be confined by the proper authority.

24. WARD OFFICER. - An officer of the Medical Service will be assigned as ward officer. He will be governed by the provisions of Hospital Regulations 40-90 except insofar as he is relieved therefrom by paragraph 25 below. The ward officer will see every patient in the Detention Ward each day and he will notify the service concerned of the admission of a case should the nature of the disease or injury be such that the patient should be under treatment by a special section or service. He will assure himself that patients whose care is under the supervision of another section or service are seen each day by some officer of the section or service concerned. In the event that the patient has not been seen by the proper officer, he will report that fact to the Chief of the Neuropsychiatric Section.

25. COMMANDING OFFICER, DETACHMENT OF PATIENTS. - The Commanding Officer, Detachment of Patients, is responsible for the discipline of prisoners and patients and their custody and safeguarding, and all other details relating to the ward not of a professional nature. He will formulate such orders and instructions as may be pertinent. See HR 40-1220.

26. PROCEDURE ON ADMISSION. - Patients will be admitted or confined in the Detention Ward only upon the order of a commissioned officer.

a. Prisoner patients admitted to hospital (not already patients in hospital) will be admitted through the same channels and methods as patients to other wards.

b. Patients undergoing enforced treatment will be transferred to the Detention Ward in the same manner as transfer to other wards. See HR 40-1110 and 40-1140.

27. TREATMENT IN OTHER DEPARTMENTS. - Prisoner patients referred to services or sections will be examined and treated in the Detention Ward unless it is impracticable to properly administer the treatment therein, in which case the officer responsible for the examination and treatment will notify the guard officer as to the hour he desires to see the patient. The officer in charge of the guard will arrange that such patients are promptly reported under guard, and the officer responsible for the examination or treatment will arrange that it be given immediately upon the arrival of the patient.

28. VISITORS TO THE DETENTION WARDS - Passes to visit patients in the Detention Ward will be limited to persons having necessary business with the patients or prisoners therein. Such passes will be obtained from the Commanding Officer, Detachment of Patients, or, in his absence, the Administrative Officer of the Day, who will first assure himself of the business necessity for such visit. Visitors unable to furnish the required proof of their identity will be denied passes. During the stay of visitors in the Detention Ward, an attendant will be constantly present and will notify visitors that the time limit for visits is fifteen minutes.

29. INSANE PRISONERS AND PRISONERS UNDER MENTAL OBSERVATION. - Insane prisoners and prisoners under mental observation will not be admitted to the Detention Ward. Such patients will be admitted to the Neuropsychiatric Wards. The ward officer of the neuropsychiatric wards will notify the Commanding Officer, Detachment of Patients, of the admittance or disposition of such patients in order that the proper remark may be entered on the Guard Report.

30. MEDICATION. - No medicine will be given to patients for self administration. Each dose of medicine prescribed will be administered by the ward master or his assistant. Hypodermics or any special medication will be given by the nurse from one of the adjoining wards. No medicines or bottles will be left in the ward. Only sufficient medicines, drugs and other preparations will be kept on hand to meet immediate requirements of the ward and all such drugs and other preparations will be securely locked in the medicine cabinet which will be kept in the locked ward office.

Section VII

GENERAL MEDICAL

	Paragraph
Functions and Class of Patients Treated	31

31. FUNCTIONS AND CLASS OF PATIENTS TREATED. - The General Medical Section will occupy such wards as may be assigned to it from time to time by the Commanding Officer. The staff will consist of such medical officers, members of the Army Nurse Corps and enlisted men as may be assigned thereto. The following classes of cases will be treated on the General Medical Section: Arthritis, Metabolic Diseases, Blood Dyscrasias, Diseases of the Endocrine System, Diseases of the Gastro-Intestinal System, Malaria and Tropical Diseases, as well as such other cases as may be assigned thereto by the Chief of the Medical Service. The above classes of cases will be divided in the various wards assigned to the General Medical Section under the direction of the Chief of the Medical Service.

Section VIII

NEUROLOGICAL

	Paragraph
Functions	32
Lumbar Punctures	33

32. FUNCTIONS. - The Neurological Section will function under the direction of the Chief of the Neurological Section. This Section will treat all cases of acute and chronic medical neurological diseases appropriately retained at this hospital. The Chief of the Neurological Section will answer all consultations requiring the advice and supervision of Neurologist.

33. LUMBAR PUNCTURES. - The Chief of Neurological Section will be responsible for supervising, assisting or performing, whichever is appropriate, all lumbar punctures made on the Medical Service unless absent at the time this procedure is indicated. He will follow current directives and appropriate technical bulletins regarding the procedure (TB Med 76).

Section IX

NEUROPSYCHIATRIC

	Paragraph
Functions	34
Wards	35
Assignment of Enlisted Personnel	36
Duties of Entrance Attendant	37
Serving of Meals	38
Daily Inspections	39
Medicines and Poisons	40
Procedure on Admission of Patients	41
Visitors to Closed Mental Wards	42
Patients' Complaints.....	43

34. FUNCTIONS. - The Neuropsychiatric Section will function under the jurisdiction of the Chief of the Medical Service for the purpose of giving complete and adequate care to patients having any or all types of neuropsychiatric disorders.

35. WARDS. -

a. Such wards as may be designated by the Commanding Officer will be closed, (locked), wards for mental patients requiring close supervision.

b. Such open wards as may be designated by the Commanding Officer will be used for the treatment of suitable neuropsychiatric patients. The operation of open wards will conform to the rules prescribed for general wards.

36. ASSIGNMENT OF ENLISTED PERSONNEL. - Enlisted personnel will be selected because of their adaptability for this special duty. They will be assigned with a view to permanency and will be changed only for cogent reasons. There will be at least one non-commissioned officer on duty in the closed ward at all times. No ward will be left without at least the minimum safe number of attendants as determined by the Chief of Section. No attendant will leave his ward during duty hours until he has been granted such permission by the non-commissioned officer in charge.

37. DUTIES OF THE ENTRANCE ATTENDANT. - One attendant will be constantly on duty at the entrance to the ward and under no circumstances absent himself from his post without first calling the non-commissioned officer in charge, who will assign another attendant in his place during his absence. The entrance attendant will keep a record wherein will be noted the name of every patient leaving the ward with the name of the responsible attendant and time of departure. He will note the hour of return of such patients. He will keep the key to the entrance constantly in his possession. He will permit only authorized persons, either personnel on duty, persons entering the ward on official business, or authorized visitors, to pass in or out of the ward. He will permit no patient to leave the ward unless accompanied by a proper attendant, and then only in such manner as may be prescribed by the Ward Officer. See HR 40-90, par 7e.

38. SERVING OF MEALS. - In closed wards an attendant will be assigned in charge of the diet kitchen and dining room and will be present at all times during the preparation and serving of meals. The dining room will be kept locked when not being used and no patient will be allowed therein, except when accompanied by an attendant. A careful check of all knives, forks, or other utensils with which a patient might injure himself or others will be made after each meal. These utensils will be locked up when not in use.

39. DAILY INSPECTIONS. -

a. An inspection of the ward will be made daily at 0900 hours by the nurse in charge, and the non-commissioned officer on duty, for all property or dangerous objects which patients may have concealed. The windows, doors, and all parts of the ward will be thoroughly inspected at frequent intervals each day to insure that the security of the ward is maintained.

b. The Nurse in charge, when coming on duty, will assure herself that all patients are present and will make notation thereof on the back of the daily morning report of the ward. When non-commissioned officers change relief, they, together, will make a complete count of all patients in the ward to ascertain that all patients are present.

c. The senior non-commissioned officer in charge will be responsible for the issuing and record of keys to locked wards. Surplus keys will be kept in a locked compartment.

d. Patients in closed wards will not be allowed matches in their possession.

e. A search of patients for matches, weapons, or implements will be made upon their return to the closed wards after any period of absence.

f. All incoming packages or bundles intended for patients in closed wards will be searched by the ward officer or his commissioned representative in the presence of the patient, and all forbidden articles removed and disposed of in accordance with existing regulations.

40. MEDICINES AND POISONS. - All medicines and poisons will be kept securely locked in cabinets and the key will be kept in the possession of the nurse or non-commissioned officer. No medicines will be given to patients for self-administration. Each dose will be administered by a nurse or by a non-commissioned officer. Patients will not be permitted in ward offices where medicines are kept unless the ward officer, nurse, or a non-commissioned officer is present.

41. PROCEDURE ON ADMISSION OF PATIENTS. -

a. In cases of patients admitted to closed wards, the admission routine pertaining to the search for valuables will be carried out by a medical officer on duty in this section, or, in his absence, by the NP Officer of the Day, and all matches, weapons, or dangerous instruments will be removed and disposed of as prescribed by regulations dealing with the property of patients. See HR 40-1210.

42. VISITORS TO CLOSED MENTAL WARDS. - Visitors will be permitted to see patients in closed mental wards if permission is granted by the Chief of the Neuropsychiatric Section or one of his commissioned assistants. In the absence of the above officers, this permission may be granted by the Neuropsychiatric Officer of the Day. Ordinarily only relatives or close friends will be permitted to visit patients in closed mental wards, and, only in exceptional cases will visitors be permitted to see mental patients except during regular visiting hours.

43. PATIENTS' COMPLAINTS. - Any patient having a complaint will be permitted a hearing by the ward officer who will bring to the attention of the Chief of the Section any matter that may require his action.

Section X

OFFICERS' AND WOMEN'S MEDICAL

	Paragraph
Functions and Personnel Admissable.....	44
Clothing and Effects of Officers and Patients on	
Officer Status.....	45
Passes for Officers and Patients on Officer Status.....	46
Residing in Quarters.....	47

44. FUNCTIONS AND PERSONNEL ADMISSABLE. - This section will be used for the treatment of medical conditions, other than contagious diseases and major psychiatric conditions requiring closed wards, of officers of both sexes, and enlisted women as well as for such other females on officer or enlisted status for whom such hospitalization is authorized in Army hospitals. All personnel on enlisted status will come under such provisions of the Hospital Regulations as apply to enlisted personnel. HR 40-1110.

45. CLOTHING AND EFFECTS OF OFFICERS AND PATIENTS ON OFFICER STATUS. - Clothing and baggage brought into these wards will be limited to such articles as can be placed on the ward to which patients may be assigned and should be kept to a minimum. Trunks and foot-lockers will not be kept on the ward, but will be stored in the Patients' Baggage Room, where they will be accessible to such patients. Hospital Regulations on clothing and baggage as prescribed for enlisted personnel will not apply in the case of officers and patients on officer status except as indicated in this paragraph. HR 40-1210.

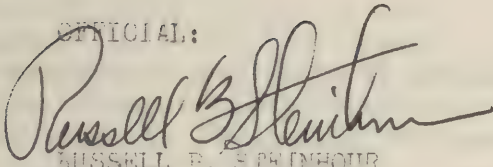
46. PASSES FOR OFFICERS AND PATIENTS ON OFFICER STATUS. - Such patients will remain on the ward until the officer in charge of the patient has made his morning rounds. They will not leave the hospital without the permission of the officer in charge of them, nor will they remain away from the hospital after 2400 hours without special permission in each case. HR 40-1230.

47. RESIDING IN QUARTERS. - Under exceptional circumstances, and when it is considered to be the best interests of the service, officers and patients on officer status, sick in the hospital, whose residence is in the vicinity of the hospital, may sleep at home and

commute upon the recommendation of the Chief of the Officers' and Women's Section when approved by the Chief of the Medical Service. Such patients will report to the Chief of the Section daily.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

A large, stylized handwritten signature in dark ink, appearing to read "Russell E. Steinhour".

RUSSELL E. STEINHOOR
Major, MAC
Adjutant

RUSSELL E. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-50)

HR 40-50
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio,
1 January 1946.

PHARMACY

	Paragraphs
General	1
Officer in Charge	2
Assigned Personnel	3
Prescriptions	4
Alcohol and Alcoholic Liquors	5
Prescriptions and Sales of Medicines to Civilians	6
Stock Pharmaceutical Preparations	7
Authority for Dispensing Medicines	8
Authoritative References	9
Rescissions	10

1. GENERAL. - The management and operation of the Pharmacy at this hospital will be in conformity with paragraph 17, AR 40-590. All personnel assigned to the Pharmacy will acquaint themselves with the provisions of this regulation. During the hours when the Pharmacy is closed, requests for Pharmacy Service will be made to the Charge of Quarters, Medical Detachment. The officer in charge of Pharmacy will detail a qualified attendant who will be on call to fill emergency prescriptions.

2. OFFICER IN CHARGE. - An officer of the Medical Department will be detailed as Pharmacy Officer. He will maintain personal supervision over the Pharmacy and be directly responsible for its efficiency. He will cause the necessary records to be maintained in the case of alcoholic liquors, narcotics and penicillin, and will make the necessary checks and verifications required by existing regulations. AR 40-590.

3. ASSIGNED PERSONNEL. - Qualified personnel, civilian or military, will be assigned to duty in the Pharmacy and will be directly responsible to the Pharmacy Officer for its proper operation. The personnel in the Pharmacy are responsible that the prescriptions are compounded in accordance with the U. S. Pharmacopoeia, Dispensatory, and the National Formulary; that due care is taken in compounding; that prescriptions in which the prescribed dose exceeds physiological limits be not issued without verification by the prescriber; and that prescriptions are properly filled and labels are prepared in conformity with regulations.

4. PRESCRIPTIONS. -

a. All prescriptions will be written in the metric system and signed by a medical officer except those signed by officers of the dental and veterinary services, which will be filled without reference to a medical officer. AR 40-590.

b. Before filling any prescriptions, the compounding pharmacist will make sure that:

- (1) The prescription is properly dated; written for a definite person, ward, or clinic or designation of ward.
- (2) It contains directions for use unless it calls for original and unbroken package of a drug, or a drug which constitutes part of the stock in the Ward medicine cabinets.
- (3) The wording of the prescription is clear and unmistakable and that the dose of the active drug is not excessive.
- (4) The prescription is signed by a medical officer or an officer of the dental or veterinary corps for medical supplies needed in their respective services.

c. Before issuing a compounded prescription, the compounder will assure himself that the label shows:

- (1) The serial number of the prescription and the date compounded.
- (2) The name of the person, ward, or clinic for which intended.
- (3) The directions as written on the prescription, or in the event that no directions are written, the contents of the container, the name of the officer who wrote the prescription, the initial of the pharmacist who filled the prescription. TM 8-233.
- (4) The proper "Poison Label" for all drugs defined as "Poison" by paragraph 17 a, AR 40-590; an "External Use Only" label when indicated.

d. Routine prescriptions from all the wards of the hospital will be prepared, signed, and ready for collection on the wards by 0830 hours daily. Medicinals will be distributed by the Pharmacy daily. Narcotics, alcohol, whisky, and penicillin, will be signed for upon delivery by a responsible officer or nurse on the ward.

e. In order that the pharmacist may regulate charges for prescriptions, medical officer will place immediately after the full name of the individual for whom a prescription is written sufficient data to enable the determination of the military status. For example, Mrs. Sue B. Smith (wife of an officer); John A. Jones (civilian employee); Mr. Robert R. Burns (father of officer); William P. Green (officer's servant), etc.

5. ALCOHOL AND ALCOHOLIC LIQUORS. - No alcohol or alcoholic liquors will be prescribed for individuals except in cases of actual sickness when a definite therapeutic reason therefore exists and then only in such amounts at one time as may be clearly indicated and will be necessary for the next ensuing seventy-two (72) hours.

a. All prescriptions for alcohol or alcoholic liquors and narcotics will be written in ink on the official medical department form, each with a notation on its face, "not valid except in a military pharmacy".

b. All prescriptions for alcohol liquors for individuals will show specifically the dosage and intervals between dosage.

c. Nothing in this regulation will be interpreted to prevent the issue of alcohol or alcoholic liquors for ward stock. However, at no time will the combined amount of whiskey or brandy on hand in a ward (a and b combined) exceed 1000 cc or the amount of ethyl alcohol be more than 500 cc.

d. Ethyl alcohol will be issued to the operating room, dressing rooms, clinics, etc, in quantities prescribed by the chief of service concerned, due care being taken that amount on hand is not in excess of actual requirements.

e. Officers will assure themselves that all ethyl alcohol for which they are responsible is properly safeguarded against theft and that the expenditure is so regulated as to preclude its use for other than medical purposes.

f. All narcotic and alcohol prescriptions after being filled by the Pharmacy will be signed as received by the responsible nurse or ward officer.

g. All narcotic and alcohol prescriptions filled by the pharmacy will be signed and receipted by the responsible nurse or Ward Officer.

6. PRESCRIPTIONS AND SALES OF MEDICINES TO CIVILIANS. -

a. With exception of individuals on regular patient status in the hospital, prescriptions for civilians will be filled only in cases under active treatment by the out-patient service (civilian employees injured in line of duty and civilian dependents). When a

civilian has been properly referred by the chief of out-patient service, prescriptions written for the patient by professional consultants will be honored. In all other cases, the written approval of the chief of the out-patient service will be required prior to filling of a prescription for a civilian.

b. Medicine charges as prescribed by AR 40-590, will be collected from civilians not entitled to treatment at public expense.

c. Prescription fees for civilian employees will be as follows:

(1) Ordinary cases 50 cents for each prescription.

(2) In case of expensive prescription, at such increase in rate as may be determined by Commanding Officer as will reimburse the United States for their cost.
AR 40-590

d. At the time money is paid by civilian employees, he will sign the civilian prescription record, noting fact that he has paid designated amount.

e. Money collected will be locked immediately in a metal cash box which in turn is to be kept locked in the safe in the Pharmacy. The amount collected for prescriptions will be so noted on the prescription itself.

f. On the first of each month, the officer in charge of the Pharmacy will deliver to the finance officer all money received from this service accompanied by Standard Form 1044 (5 copies) showing:
PI7 c AR 40-590

(1) Names of individuals prescribed for.

(2) Dates of sales.

(3) Prescription numbers.

(4) Amounts collected.

7. STOCK-PHARMACEUTICAL PREPARATIONS. - A considerable number of pharmaceutical preparations are carried in stock in the Pharmacy. In order to reduce work in the Pharmacy, officers are requested to utilize, as far as practicable, these preparations. Prescriptions showing the composition of these preparations are available at the Pharmacy.

8. AUTHORITY FOR DISPENSING MEDICINES. - Except in cases of emergency and provided an officer so requests, no drug or medicine

of any kind will be dispensed from the Pharmacy except on a prescription signed by an officer of the Medical Corps, the Dental Corps or the Veterinary Corps. No prescription will be refilled except on a written prescription calling for such refilling, the prescription number being given.

9. AUTHORITATIVE REFERENCE. -

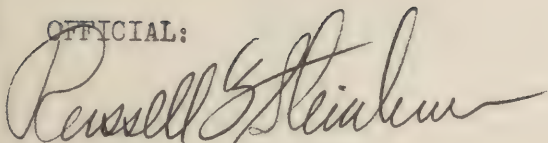
- a. AR 40-590 - Pharmacy Management.
- b. TM 8-233 - Methods for Pharmacy Technicians.

10. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-60)

HR 40-60
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

SURGICAL SERVICE

SECTION		Paragraph
I.	Administration.....	1 - 10
II.	Anesthesia and Operating Room,.....	11 - 17
III.	Central Supply.....	18 - 21
IV.	Clinical Photography.....	22 - 26
V.	Ear, Nose & Throat.....	27 - 31
VI.	Eye & Plastic Eye Laboratory.....	32 - 37
VII.	General Surgery.....	38 - 39
VIII.	Genito-Urinary.....	40 - 43
IX.	Officers.....	44
X.	Orthopedic & Brace Shop.....	45 - 47
XI.	Physical Therapy.....	48 - 50
XII.	Plastic - General and Maxillo-Facial..	51 - 52
XIII.	Plastic - Hand.....	53 - 54
XIV.	Women.....	55 - 57

Section I

ADMINISTRATION

	Paragraph
Organization.....	1
Chief of Service.....	2
Assistant Chief of Service.....	3
Chiefs of Sections.....	4
Ward Officers.....	5
Administrative Assistants.....	6
Staff Meetings.....	7
Reports.....	8
Authoritative References.....	9
Rescissions.....	10

1. ORGANIZATION. - The Surgical Service is a major Professional Service at this hospital. It will consist of the sections and sub-sections outlined above, (TM 8-260; TM 8-262) which will function under the direction of Chief of Surgical Service. An officer of the Medical Corps, recommended by the Chief of Surgical Service or higher authority, will be appointed by Special Orders to be Chief of each named Section. A staff of Commissioned Officers, Army Nurses, Enlisted personnel and civilians will be assigned to each section to function in such wards and buildings as assigned by the Commanding Officer.

2. CHIEF OF SERVICE. - A Medical Corps officer will be designated by Special Order to be Chief of the Surgical Service who will be in charge thereof; make recommendations to the Commanding Officer as to assignment of assistants; supervise and be responsible for the administration, sanitation, and police of the sections, wards and departments pertaining to his service; and for the correct completion of their clinical records before transmitting them to the Registrar.

3. ASSISTANT CHIEF OF SERVICE. - An officer of the Surgical Service will be detailed on recommendation of the Chief of Surgical Service as Assistant Chief of Surgical Service. This office will be held in addition to other duties.

4. CHIEFS OF SECTIONS. - Each of the sections listed above will be administered by a designated medical officer who will be known as the Chief of Named Section. He will supervise and be responsible for the administration, sanitation and police of the wards and departments pertaining to his section; for the professional care (including operations), treatment and disposition of patients; and for the correct completion of their clinical records before transmitting them to the Chief of the Surgical Service. The Chief of Section will issue the necessary routine and Standard Operative Procedures needed for the proper functioning and operation of his section. He will be responsible for consultations referred to his section. When a patient, whose surgical specialty condition requires further care and is transferred to another ward because of communicable disease, mental disorder and so forth, the Chief of Section of the surgical specialty concerned will be responsible for following and treating the co-existing surgical condition. Each Chief of Section will submit a report on the first of each month giving data desired by the Chief of the Surgical Service on the previous month's work.

5. WARD OFFICERS. - Ward officers are responsible to the Chief of Section for administration, police, and sanitation of their wards and departments, and for the professional care of patients assigned. Diagnoses entered on the patients' clinical charts will conform to the nomenclature for recording diagnosis. TB MED 203.

6. ADMINISTRATIVE ASSISTANTS. - Officers in varying numbers are assigned as assistants to the Surgical Service. Their duties are of an administrative and non-professional nature as outlined in HR 40-30.

7. STAFF MEETINGS. -- The Chief of the Surgical Service will arrange for routine assemblies of all officers of his service at least once weekly. The purpose of these meetings will be to discuss administrative and professional matters pertaining to his service or subjects of medical interest. These meetings may be held in conjunction with the Medical Service. TB MED 210.

8. REPORTS. -

a. Monthly. - A consolidated report in single copy will be rendered at the end of each month to the Commanding Officer on the activities of the Service; reports from sections and sub-sections will not be submitted separately.

b. Annual. - An annual report will be submitted by the Chief of Service to the Commanding Officer covering the work done by component sections, and the significant changes and improvements occurring during the year.

9. AUTHORITATIVE REFERENCES.

a. AR 40 series.

b. WD Cir 134, 4 May 1945, Sec VI.

c. TB MED 10, 14 Feb 1944, Physical Therapy.

d. TB MED 43, 18 May 1944, Local Anesthetic Agent.

e. TB MED 203, 19 Oct 1945, Nomenclature and Method of Recording Diagnoses.

f. TB MED 210, 10 Dec 1945, Professional Rounds and Meetings in Hospitals.

g. TM 8-260, 16 July 1941, Fixed Hospitals of the Medical Dept.

h. TM 8-262, Feb 1945, Administration of Fixed Hospitals, Z. I.

i. W 40-44, 12 April 1944, Central Service System in Army Hospitals.

10. RESCISSIONS. - None

Section II

ANESTHESIA AND OPERATING ROOM

	Paragraph
Organization & Functions.....	11
Duties of the Chief of Section.....	12
Request for Operation.....	13
Preoperative Examination and Anesthetic Record.....	14
Operation Report.....	15
Emergency Operating Staff.....	16
Duty Hours.....	17

11. ORGANIZATION & FUNCTIONS. - The General operating, dressing, anesthesia, sterilizing, preparation and supply rooms of the Operating Pavilion will constitute the section known as the Anesthesia and Operating Room Section. This section will function under the direction of a Medical Corps Officer, who will be recommended by Chief of Surgical Service and appointed by Special Orders, officially designated as the Chief of the Anesthesia and Operating Room Section.

12. DUTIES OF THE CHIEF OF SECTION. -

a. Be in charge of the Operating Pavilion and the personnel assigned thereto.

b. Instruct and supervise anesthetists and other personnel assigned to the section and be responsible for the proper administration of anesthetics (TB MED 43, 13 May 1944; WD Cir 134, 4 May 1945) and the post-operative care of patients until they are delivered to their respective wards. He will assure himself that no general anesthetic is administered until the anesthetist has been furnished with the Preoperative Examination Record, Form No 55 O-1, MD.

c. Requisition supplies and equipment required for the proper operation of the section and be responsible for the stock levels, care, safeguarding and proper use thereof. (TM 8600, 20 Jan 1944).

d. Be responsible for the maintenance, proper preparation, sterilization and storage of a sufficient stock of surgical dressings in the Operating Pavilion and Surgical Dressing Preparation Room.

e. In consultation with the Chief of the Surgical Service, prepare on the day preceding, the schedule of operations to be performed the following day.

f. Order the preoperative medication on all the patients scheduled for surgery.

g. Be responsible for the good order, cleanliness, neatness and proper maintenance of the Operating Pavilion and the equipment.

h. Be responsible for the readiness of the Operating Pavilion at all times to meet any surgical emergencies that might arise.

i. Act as consultant to the Central Supply Room.

j. Assist the Laboratory Service in drawing blood from donors and act as consultant in the maintenance of the transfusion department and in the field of resuscitation generally. HR 40-1715.

k. Perform such other duties as ordered by the Commanding Officer or Chief of Surgical Service.

13. REQUEST FOR OPERATION. - A form "Request for Operation" will be filled out by the Ward Officer on each preoperative patient and forwarded to the Anesthesia Section by 1400 hours the day before the contemplated operation.

14. PREOPERATIVE EXAMINATION AND ANESTHETIC RECORD. -

a. All patients will be subjected to a careful physical examination by their ward officer prior to the administration of an anesthetic of any nature. This will include an examination of the respiratory system, heart, blood pressure and pulse rate. Also, there will be a chemical examination of the urine, a hemoglobin determination and whenever indicated, a determination of the bleeding and coagulation time of the blood and a complete blood count. The results of this examination will be recorded on the Preoperative Examination and Anesthetic Record, Form WD AGO 8-84. When an emergency prevents any of the above examinations, the fact should be so stated on the record Form WD AGO 8-84.

15. OPERATION REPORT. - Form WD AGO 8-85, will be dictated by the surgeon promptly on completion of each operation. When completed, the original will become a part of the clinical record of the patient. A duplicate will be retained and filed by the anesthetist.

16. EMERGENCY OPERATING STAFF. - There will be detailed for each day by the Chief of the Anesthesia and Operating Room Section a sufficient number of competent nursing and enlisted personnel to be on call for such surgical emergencies as may arise. A roster will be sent to the Information Office, posted on the bulletin board in surgery and other places as deemed necessary. Personnel on operating room call will not leave the reservation during their periods of duty.

17. DUTY HOURS. - The Operating Pavilion will be open from 0700 hours until completion of the day's work.

Section III

CENTRAL SUPPLY

	Paragraph
Organization & Functions.....	18
Administration.....	19
Supply Procedures.....	20
Care of Materials and Items Dispensed.....	21

18. ORGANIZATION & FUNCTIONS. -

a. The chief of Anesthesia and Operating Room Section will also be Chief of the Central Supply Section which will be maintained by a Medical Administrative Officer. An Army nurse will be appointed to act as supervisor of the section and especially the processing of sterile equipment.

b. The Central Supply will be operated to provide a centralized agency for the maintenance, preparation, storage and issuance of sterile equipment and supplies of certain other materials employed for diagnostic and therapeutic procedures within the hospital. Intravenous medications not already prepared commercially will be made up in the pharmacy and sent to Central Supply for sterilization and issue, (W 40-44, 12 April 1944, Central Service System in Army Hospital).

c. Items to be maintained will include those employed in the performance of transfusion and intravenous therapy wound dressing, spinal puncture, thoracentesis, catheterization, Wangenstein suction; oxygen administration and the like. So far as practicable, such items as hot water bags, ice bags, drainage tubes, rubber air cushions, rubber gloves, sterile towels, syringes, needles, etc., will also be maintained in the Central Supply. Equipment and supplies used for routine procedures, such as those for obtaining temperature and blood pressure recordings and for the administration of sedatives and narcotics,

will continue to be maintained on the wards. The Chief of the Surgical Service will prepare a list of items which are maintained in the Central Supply.

d. All supplies and equipment handled by the Central Supply will be obtained direct from the Medical Supply. Ward Officers will not requisition such items from Medical Supply.

19. ADMINISTRATION. -

a. Personnel assigned to the Central Supply to be utilized in the preparation and dispensation of supplies and equipment will be non-professionals, preferably civilians or military personnel not physically qualified for general service, under the direct supervision of a Medical Administrative Officer (W 40-44, 12 April 1944). The chief of anesthesia and operating section will be responsible for the proper instruction of personnel assigned to the unit, for the necessary inspections to assure efficient operation, and for the maintenance of adequate records and reports.

b. The central supply will be operated on a 24-hour basis. An adequate system of messenger service, either centralized or operated from the wards, will be established.

20. SUPPLY PROCEDURES. -

a. Routine requisitions will be submitted between the hours of 0700 and 1100, and 1400 and 1600. Emergency requisitions will be filled at any hour. Only those items which appear on the published list of available supplies will be issued.

b. Central Supply items will be ordered by number and name on a regular requisition, which will be signed by the ward officer or nurse in charge. Instruments and sets are to be returned to Central Supply within three days and will be charged against the officer signing the requisition until returned. No supplies will be issued without requisition. Receipt of the items requisitioned will be acknowledged by the signature of the attendant receiving them. When the property, or in the case of consumed supplied, the container or wrapper, has been returned, the receipt will be surrendered to the attendant. All equipment contained in a set will be returned. Soiled linens, etc., will be retained by the ward and equivalent number of clean replacements will be returned with the set to central supply.

c. Central supply will keep an adequate record of all transactions.

21. CARE OF MATERIALS AND ITEMS DISPENSED. -

a. The ward nurse will be responsible that the equipment is properly cleaned before it is returned to Central Supply. It is important that equipment be cleaned promptly after use as blood and secretions are difficult to remove when they have dried.

b. Before returning equipment to Central Supply, instruments, needles, syringes, catheters and gloves will be washed in warm soapy water and rinsed. Glass syringes will be wrapped in gauze for protection, with the piston separated from the barrel. A wire stylet will be inserted in each needle. Gloves will be completely dried, both inside and out, but powdering will be omitted.

c. The supervisor of Central Supply will inspect carefully all equipment returned. Any improperly cleaned or unduly damaged equipment will be reported to the officer in charge of Central Supply.

Section IV

CLINICAL PHOTOGRAPHY

	Paragraph
Organization & Functions.....	22
Requests for Photographs, Slides, etc.....	23
Disposition of Photographs, Slides, etc.....	24
Use of Photographic Equipment.....	25
Reports and Records.....	26

22. ORGANIZATION & FUNCTIONS. - The Clinical Photographic Section will function under the direction of the Chief of the Surgical Service and will be under the jurisdiction of the Chief of the Clinical Photographic Section, who will be a person with a knowledge of clinical photography and whose duty will be to accomplish all clinical photographic work. He will also supervise and be responsible for the administration, sanitation, and police of his section.

23. REQUESTS FOR PHOTOGRAPHS, SLIDES, ETC. - A single copy of the photographic request form (5th SvC Form 4BR3) will be filled out by the officer desiring the photographic work and transmitted to the Chief of the Photographic Section for an appointment. The work will thereafter be accomplished and sent to the requesting agency. Requests will be limited to subjects of official nature for teaching or unusual interest purposes.

24. DISPOSITION OF PHOTOGRAPHS, SLIDES, ETC. - All negatives made will be the property of the hospital and will be filed in the Photographic Section. One print of each photograph taken of patients will be included in their clinical record.

25. USE OF PHOTOGRAPHIC EQUIPMENT. - The use of equipment and materials in the Clinical Photographic Section is limited to authorized use only and will not be used for personal enterprises.

26. REPORTS AND RECORDS. - Records of all photographic work will be kept on permanent file in the Clinical Photography Section along with clinical information which will help to identify these items. The Chief of the Section will, on the first day of each month, render a report of the previous month's activities to the Chief of the Surgical Service and to the Curator, Army Medical Museum, Washington, D.C., along with a copy of each photograph taken and information pertinent to it, as may be required by letters;

- a. SGO SPMC Control Symbol MEM 96, Medical Illustrations.
- b. SGO SPMEM, 4 May 1945, Medical Illustrations.

Section V

EAR, NOSE AND THROAT

	Paragraph
Organization & Functions.....	27
Type of Cases Treated.....	28
Treatment of Hospital Patients.....	29
Requests for Clinical Examination.....	30
Routine Examinations.....	31

27. ORGANIZATION & FUNCTIONS. - An officer of the Medical Corps will be appointed by special order of the Commanding Officer, upon the recommendation of the Chief of Surgical Service, to be Chief of the ENT Section. He will supervise and be responsible for the administration, sanitation and police of the wards and departments pertaining to his service and for the professional care and treatment of patients therein. The ENT Section will occupy such wards as recommended by Chief of Surgical Service and assigned by the Commanding Officer.

28. TYPE OF CASES TREATED. - All diseases of the ear, nose and throat with the exception of the congenital malformations of lip and palate and plastic reconstruction of deformities of ears, nose and mouth, will be treated by this section.

29. TREATMENT OF HOSPITAL PATIENTS. - Hospital patients will ordinarily be treated in the wards set aside for this purpose and in the ENT Clinic, but when other conditions are present they may be treated in wards set aside for those particular conditions in other services or sections.

30. REQUESTS FOR CLINICAL EXAMINATION. - Requests for examinations to be made by the ENT Section will be filled out in the appropriate request form (55-E-3 MD) in duplicate and forwarded to the Chief of the ENT Section, who will make the necessary appointment for the patient, and after the examination will enter his findings on the same form. The original will be incorporated with the patient's clinical record and the copy will be retained for the files of the ENT Section.

31. ROUTINE EXAMINATIONS. - Routine examinations of the ears, nose or throat which do not require the service of a specialist will be performed by the ward officer concerned. Only in cases of suspected ENT Pathology will the patients be referred to the Section.

Section VI

EYE AND PLASTIC EYE LABORATORY

	Paragraph
Organization & Functions.....	32
Type of Cases Treated.....	33
Treatment of Hospital Patients.....	34
Requests for Examination.....	35
Routine Examination.....	36
Plastic Eye Laboratory.....	37

32. ORGANIZATION & FUNCTIONS. - The Chief of Section will be appointed by the Commanding Officer upon recommendation of the Chief of Surgical Service or higher authority and will be officially designated as Chief of the Eye-Plastic Section. He will be responsible for the care and treatment of all patients in this section and for the administration, sanitation and police of the wards and departments pertaining to his section.

33. TYPE OF CASES TREATED. - All diseases of the eye and orbit will be treated by this section.

34. REQUESTS FOR EXAMINATION. - Requests for examinations to be made by the Eye Section will be filled out on the appropriate form (55-E-2, MD) in duplicate and forwarded to the Chief of the Eye Section, who will make the necessary appointment

for the patient and after the examination will enter his findings on the same form. The original will be incorporated with the patient's clinical record and the copy will be retained for the files of the Eye Section.

36. ROUTINE EXAMINATIONS. - Routine examinations of the eye which do not require the service of a specialist will be performed by the ward officer concerned. Only in cases of suspected eye pathology will the patient be referred to this Section.

37. PLASTIC EYE LABORATORY. - This sub-section will function under the direction of the Chief of the Eye Section. An officer appointed by the Commanding Officer will function as Chief of the Plastic Eye Laboratory. The plastic eye laboratory will process and make artificial eyes and other types of prosthesis, as required.

Section VII

GENERAL SURGERY

	Paragraph
Organization & Functions.....	38
Type of Cases Treated.....	39

38. ORGANIZATION & FUNCTIONS. - The General Surgery Section is devoted to general surgery. The Chief of the Section will be responsible for the care and treatment of all patients in this section, and for the administration, discipline, sanitation, and police of the section.

39. TYPE OF CASES TREATED. -

a. All general surgical proctological and septic cases, and other cases approved by the Chief of the Surgical Service, will be treated by this section.

b. Officer patients admitted to this section will be treated on the ward designated by the Chief of the General Surgery Section.

Section VIII

GENITO - URINARY

	Paragraph
Organization & Functions.....	40
Type of Cases Treated.....	41
Classes of Operations.....	42
Form for Recording Urological Examination.....	43

40. ORGANIZATION & FUNCTIONS. - The Chief of Section will be appointed by the Commanding Officer upon the recommendation of the Chief of the Surgical Service and will be officially designated as the Chief of the Genito-Urological Section. He will be responsible for the proper operation of the section, for the treatment of patients therein, and will maintain supervision over all personnel assigned to duty thereon.

41. TYPE OF CASES TREATED. - All cases of genito-urinary nature will be treated by this section, either on a ward set aside by the Commanding Officer or in the G-U Clinic, except that when other conditions are present they may be treated in wards set aside for those particular conditions in other services or sections. The diagnosis and treatment of venereal disease is managed by the Medical Service, however, surgical complications of such diseases should be treated by the urologist.

42. CLASSES OF OPERATIONS. - All transurethral and other minor operations on the genito-urinary tract will be performed in the cystoscopic operating room. All other cases will be taken to the main operating room.

43. UROLOGICAL EXAMINATIONS. - Will be recorded on Form 55-E-7, which contains appropriate spaces for recording the findings of a complete lower, mid and upper genito-urinary tract examination, including cystoscopy and pyelography. This form will be made out in duplicate and the original copy incorporated in the patient's clinical record.

Section IX

OFFICERS

Organization & Functions.....	Paragraph 44
-------------------------------	--------------

44. ORGANIZATION & FUNCTIONS. - The officer patients of the surgical service in this hospital are not congregated in one single section or ward but are under the care of the appropriate section chiefs and will be treated on the ward designated by said section chiefs.

Section X

ORTHOPEDIC SURGERY

Organization & Functions.....	Paragraph 45
Type of Cases Treated.....	46
Brace Shop.....	47

45. ORGANIZATION & FUNCTIONS. - The Orthopedic Surgery Section will be devoted to Orthopedic cases. The Chief of Section will be responsible for the care and treatment of all patients in this section, and for the administration, discipline, sanitation and police of the section.

46. TYPE OF CASES TREATED. -

a. All cases admitted to the hospital for orthopedic conditions, including all types of fractures, will be referred to the orthopedic wards for treatment, except (1) fractures of the maxilla and/or facial bones, which will be referred to the Plastic Maxillo-Facial Section and (2) skull and rib fractures which will be referred to the General Surgical Section.

b. Patients in wards other than the orthopedic wards for whom treatment is desired or for whom orthopedic appliances may be necessary will be treated by this section.

c. Officer patients admitted to this section will be treated on the ward designated by the Chief of the Orthopedic Section.

47. BRACE SHOP. - The Brace Shop will be under the supervision of the Chief of the Orthopedic Section. All braces, splints and equipment to be constructed or repaired must have authorization from the Chief of the Orthopedic Section. A record will be kept in the Orthopedic workshop of all appliances manufactured and repaired. (See also, Par 3h, AR 40-505).

Section XI

PHYSICAL THERAPY

	Paragraph
Organization.....	48
Type of Cases Treated.....	49
Physical Therapy Clinic.....	50

48. ORGANIZATION & FUNCTIONS. - The Chief of Section is appointed on special orders by the Commanding Officer on recommendation by the Chief of Surgical Service or by higher authority. He will be assisted by an appropriate number of the following:

a. Physical Therapists (AR 40-26) who are selected by the Surgeon General's Office upon the request of the Commanding Officer.

b. Physical Therapy technicians.

c. Apprentice physical therapists (Letter SGO, 23 Oct 45).

49. TYPE OF CASES TREATED. - Patients are referred to this section from any of the Professional Services who are deemed by the referring medical officers to require physical therapy. These are predominately orthopedic and hand plastic patients but also included are certain number of other types of cases such as post-diphtheritic paralyses, dermatitis, blepharitis, etc.

50. PHYSICAL THERAPY CLINIC. - The Physical Therapy Clinic occupies a building designated by the Commanding Officer to house the physical therapy equipment and in which to carry out the various required treatments. TB MED 10, 14 Feb 44.

Section XII

PLASTIC - GENERAL & MAXILLO-FACIAL

	Paragraph
Organization & Functions.....	51
Type of Cases Treated.....	52

51. ORGANIZATION & FUNCTIONS. - The Plastic Surgery Section will function under the jurisdiction of the Chief of the Surgical Service. The Chief of Section will be responsible for the care and treatment of all patients in this section, and for the administration, discipline, sanitation and police of the section.

52. TYPE OF CASES TREATED. -

a. All cases which demand general plastic or maxillo-facial surgical procedures will be treated in this section.

b. Officer patients admitted to this section will be treated on the ward designated by the Chief of the General Plastic Section.

Section XIII

HAND PLASTIC

	Paragraph
Organization & Functions.....	53
Type of Cases Treated.....	54

53. ORGANIZATION & FUNCTIONS. - The Hand Plastic Section will function under the jurisdiction of the Chief of the Surgical

Service. It will occupy such wards as may be assigned by the Commanding Officer. The staff will consist of such commissioned officers, members of the Army Nurse Corps, enlisted personnel and civilians as may be assigned. The Chief of Section will be appointed by the Commanding Officer upon a recommendation of the Chief of the Surgical Service and will be officially designated the Chief of the Hand Plastic Section. He will be responsible for the administration, discipline, sanitation and police of the section.

54. TYPE OF CASES TREATED. -

a. All cases which demand hand plastic procedures will be treated in this section.

b. Officer patients admitted to this section will be treated on the ward designated by the Chief of the Hand Plastic Section.

Section XIV

WOMEN

	Paragraph
Organization & Functions.....	55
Classes of Cases Treated.....	56
Responsibility for Professional Care.....	57

55. ORGANIZATION & FUNCTIONS. - The Women's Surgical Section will function under the direction of the Chief of the Surgical Service. It will occupy such wards as may be assigned by the Commanding Officer. The staff will consist of such commissioned officers, members of the Army Nurse Corps, enlisted personnel and civilians as may be assigned. The Chief of Section will be appointed by the Commanding Officer upon the recommendation of the Chief of the Surgical Service and will be officially designated as Chief of the Women's Section. He will supervise and be responsible for the administration, sanitation and police of his section, and for the care and treatment of patients.

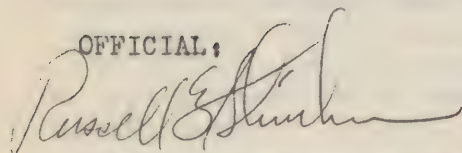
56. CLASSES OF CASES TREATED. - All female patients on the Surgical Service will be treated in this section.

57. RESPONSIBILITY FOR PROFESSIONAL CARE. - The Chief of the Section will be responsible for the general surgical care, ward supervision and the proper execution of professional orders

issued by the speciality sections. Individualized professional treatment of the patient will be the responsibility of the chief of the speciality section concerned. It is the responsibility of the Chief of the Women's Section to make sure that the Chief of Section of a surgical speciality is informed when a patient, coming under his speciality, is admitted to the ward, and that she is receiving the necessary care and treatment.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-70)

HR 40-70
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

RECONDITIONING SERVICE

	Paragraph
Mission.....	1
Organization.....	2
Educational Reconditioning.....	3
Physical Reconditioning.....	4
Occupational Therapy.....	5
Schedules.....	6
Separation-Counselling.....	7
Authoritative References.....	8
Rescissions.....	9

1. MISSION. - The Reconditioning Service is established by order of the Surgeon General (SGO Cir No 168, 21 Sep 1943) to perform the following duties:

a. To restore a favorable mental attitude so that the patient will be willing and anxious for return to duty or better prepare him for return to civilian life after he has reached maximum hospitalization.

b. To cooperate in the general mission of the hospital by bringing the patient to the maximum hospital benefit in the shortest possible time.

2. ORGANIZATION. - In order to best perform the above functions, the Reconditioning Service is divided into three main classifications:

a. Educational Reconditioning Section.

b. Physical Reconditioning Section.

c. Occupational Therapy Section.

3. EDUCATIONAL RECONDITIONING. - The Educational Reconditioning Section functions under the direction of the Educational Reconditioning Officer and a staff of military and civilian assistants.

a. The Educational Reconditioning program is responsible for four major activities:

(1) Personal problems.

(2) Orientation and Information.

(3) Counselling.

(4) Education.

b. SOP. - SOP for Educational Reconditioning Section (all wards):

0800-0930 Processing of new patients (initial Reconditioning counselling interview).
0900-1030 Calisthenics and daily reports on wards.
0930-0940 News Resume (radio).
0940-1010 Radio School of the Air.
0945-1015 Indoctrination Conference for Reconditioning Officers and Gray Lady Volunteers.
1030-1130 Information Hour.
1030-1130 Ward Discussion Groups.
1030-1130 General Education Hour.

(1) Special Classes.

(2) USAFI Courses of Self Study Books.

(3) Books from library.

1300-1600 Special Classes and diversional activities.

4. PHYSICAL RECONDITIONING. -

a. Responsibilities of Physical Reconditioning Section:

(1) Allaying and preventing deconditioning.

(2) Accelerating physical recovery.

(3) Restoring physical condition of patient to a point that will fit him for return to duty or civilian life.

b. Classes. - Patients in the Reconditioning Program are divided into four classes:

Class IV - patients confined to bed or chair are required to take all organized exercises in bed.

Class III - patients who still require medical or surgical treatment but who are ambulatory and may exercise in a standing position.

Class II - patients who no longer are subject to daily medical treatment. (Patients who have reached the Class II

stage and who are to be returned to duty will be sent to a convalescent facility. Requests for transfer of patients to the convalescent facility will be cleared to the Service Command Surgeon's Office).

Class I - Trainees nearly ready for duty.

The physical reconditioning section is responsible for the accelerating and the bringing about of the most complete recovery possible of Class IV and III patients by the use of calisthenics, remedial exercises and diversional activities. The Class IV and III programs will be conducted to the fullest extent possible by physical reconditioning non-commissioned officers who have been trained for this purpose. The regular personnel may be supplemented by Class III trainees. The patients assigned to this responsibility must be carefully selected and trained.

c. Physical Training for NP Patients. - The physical training of the neuropsychiatric patients is the responsibility of the Physical Reconditioning Officer. The Chief of the NP Section will orient all Reconditioning personnel in the problems encountered in the handling of NP patients:

d. SOP. - Schedule for Physical Reconditioning Section by hours:

0900-1030	Class IV and Class III exercises on all wards.
0900-1130	Ward remedial exercises, orthopedic and plastic wards.
0930-1030	Open ward NP patients - gymnasium.
1030-1130	Closed ward NP patients - gymnasium.
1300-1430	Class IV and Class III exercises on all wards.
1300-1630	Ward remedial exercises, orthopedic and plastic wards.
1430-1530	Prescription remedial exercises in gymnasium.
1530-1600	Closed ward NP patients - gymnasium.
1600-1630	Open ward NP patients - gymnasium.

5. OCCUPATIONAL THERAPY. -

a. Purpose. - The purpose of the occupational therapy section is to provide functional and constructive activity under medical supervision to hasten the recovery of individual patients. Types of treatment:

(1) Functional (prescriptions shall be written by ward officers, Chief of Orthopedics, Chief of Plastic Surgery, or Chief of Physical Therapy on the form provided by the OT Dept).

(2) Definitive treatment for neuropsychiatric patients (prescriptions shall be written by ward officers of Chief of Neuropsychiatry on the form-provided by the OT Dept).

(3) Diversional handcrafts shall be made available to patients for their mental and social value.

(4) Industrial Therapy will be used as either functional or psychiatric therapy and when used as definite treatment should be prescribed by a medical officer and supervised by a therapist.

b. Medical Responsibility. -

(1) Responsibility for the functional program shall be assigned to the medical assistant assigned to Reconditioning Service.

(2) Responsibility for the neuropsychiatric program shall be assigned to the Chief of Neuropsychiatry.

(3) Responsibility for the diversional program shall be retained by the Senior Occupational Therapist..

6. SCHEDULES. - Operating schedules will be published from time to time and distributed to chiefs of service and wards.

7. SEPARATION-COUNSELLING. - Coordination will be maintained with the Separation-Counselling Section.

8. AUTHORITATIVE REFERENCES. -

a. SGO Cir No 149, 12 Aug 1943, OT in Army Hospitals.

b. SGO Cir No 168, 21 Sept 1943, Convalescent Reconditioning in Hospitals.

c. Hq, 5th SvC, Oct 1944, Manual for Reconditioning.

d. CGH Memo No 16, 10 July 1945, Reconditioning Program.

e. CGH Memo No 30, 7 Dec 1945, Physical Reconditioning for Class III Patients.

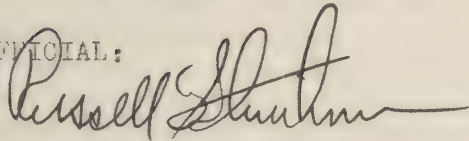
f. ASF Cir No 168, 1943, Convalescent Record Program.

g. Memo W40-6-43, Convalescent Record Program.

9. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON;

OFFICIAL:

A handwritten signature in dark ink, appearing to read "Russell B. Steinhour", written over the printed name.

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-80)

HR 40-80
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio.
1 January 1946.

X-RAY (ROENTGENOLOGY) SERVICE

	Paragraphs
Chief of Service	1
Requests for Examination	2
Emergencies and Priority Requests	3
Bedside Examinations	4
Dental X-Ray Examinations	5
Preparation of Patients	6
Reports of Examinations	7
X-Ray Therapy	8
X-Ray Films	9
Monthly Reports	10
Authoritative References	11
Rescissions	12

1. CHIEF OF SERVICE. - The senior officer in the department of radiology will be chief of service (TM 8-260) and will furnish diagnostic X-ray service, and such X-ray therapy as authorized by current directives on the basis of equipment available. (ASF Cir. No. 136, 5th SvC, 6 March 1944; TM 8-260; 187) He will be responsible for the quality of professional work rendered, training of assigned personnel, police and sanitation of the service, and maintenance of proper files and records. (WD Cir. 150, 22 May 1945) He shall be responsible for safeguarding, care and maintenance of X-ray equipment installed and issued to the service. In this activity he will maintain close liaison with the Post Engineer and the Medical Supply Officer. He shall protect patients and duty personnel against the hazards of X-radiation and electric shock. (TB Med. 62, Par. 5)

2. REQUESTS FOR EXAMINATION. -

a. Medical officers referring patients to the X-Ray Department will be responsible that the patient is properly prepared and that sufficient clinical data is furnished to enable the radiologist to perform a complete examination.

b. Requests will be submitted in duplicate on the prescribed form, WD AGO 8-63, completed in full, including ASN, grade, age, and signed personally by the Medical Officer concerned. The request will indicate clearly the pertinent diagnosis which necessitates the X-ray examination. (TM 8-260:185) Requests which are unsigned or improperly filled out will be returned without action until properly completed. To expedite examinations, requests should be delivered by a ward attendant or through the message center.

c. In special cases, a statement of unusual views and technique desired or the special object of the examination may be included. Discussion

with the radiologist in advance will avoid waste of material and time. Requests for special roentgen procedures which require advance preparation, such as gastro-intestinal studies, barium enemas, urograms, bronchograms, encephalograms, myelograms, and portables in operating room will be submitted no later than 1600 hours on the day preceding the examinations.

d. All procedures involving fluoroscopy, except emergencies, will be requested prior to 1600 hours on the day preceding the examination, so that a coordinated schedule may be arranged. Medical officers may ascertain the scheduled time of examination and observe the fluoroscopy in all cases. The fluoroscopic examination will not be delayed because of failure of the medical officer to appear on time.

3. EMERGENCY AND PRIORITY REQUESTS. -

a. Emergencies, defined as a condition of affairs wherein the element of time is of grave importance to the health or life of the patient, will be plainly marked **EMERGENCY** on the request form by the referring medical officer. Emergency requests will receive the immediate attention of the X-Ray Department. A telephone report will be rendered promptly and confirmed subsequently by a written report on the request form. Do not confuse "Emergency" with "Administrative Priority"

b. When, for administrative reasons, such as board meetings, discharges, etc., it is necessary that an examination be made and a report rendered quickly, the request will be marked **ADMINISTRATIVE PRIORITY** with the time the report is needed. A telephone or written report will be rendered in advance of the stated time. Ward officers will anticipate the need for such examinations whenever possible, so that priority requests will be reduced to a minimum. (TM 8-260:185a)

c. Emergency detail for night duty: A roster will be maintained of qualified X-ray technicians available for emergency, night Sunday or holiday duty after regular duty hours. One copy of the roster will be posted in the X-Ray Department, and one copy with the Charge of Quarters in the Detachment Headquarters. The CQ will be called for all emergency work, who will in turn contact technician on call. The CQ must report disposition of call to medical officer concerned, who will keep in contact with the CQ until disposition of call is made to satisfaction of all concerned.

4. BEDSIDE EXAMINATIONS. - On account of technical factors, such as long exposure, improper posturing, short anode-film distance, and lack of a moving grid, bedside examinations are of greatly impaired diagnostic value, and in some instances may be misleading. Requests for such examinations will be reserved for special cases in which the indication is urgent.

5. DENTAL X-RAY EXAMINATIONS. - These examinations will be done in the X-Ray laboratory of the Dental Service. Requests for dental X-ray will be sent directly to the Chief of the Dental Service, and not to the X-Ray Service. (TM 8-260:185a)

6. PREPARATION OF PATIENT. - Patients will be prepared for the various roentgenological examinations in accordance with the procedures outlined in "Standing Professional Orders." The ward officer concerned will be responsible that the preparation is correct, in order that unsatisfactory and repeat examinations may be avoided. In specialized types of cases, the ward officer should consult with the radiologist concerning the extent of manipulation permitted during the X-ray examination.

7. REPORTS OF EXAMINATIONS. - Roentgen reports will be prepared in duplicate and signed by the roentgenologist. One copy will be filed permanently in the X-Ray Clinic in a standardized manner, so that they will be readily accessible. The other copy will be sent by messenger to the medical officer who requested the examination, for inclusion in the patient's clinical record. (TM 8-260:185 b) In emergencies, the roentgenologist will give a tentative verbal report by telephone and will forward his final written report as soon thereafter as practicable. As a general rule, all roentgen examinations will be reported within 24 hours, after receipt of the request in the X-Ray Department. The roentgenologist, however, will make such re-examinations and expend such time in study of each patient as his professional judgment may deem reasonably necessary. No written or oral reports of medical examinations will be given to non-military personnel, except as specified by TM 8-260:186. No reports or films will be given to patients, except as specified by TM 8-260:186.

8. X-RAY THERAPY. -

a. The administration of roentgen therapy will be limited to those cases for whom treatment is authorized by the War Department on the basis of the equipment and personnel available. (ASF Cir. No. 138, 5th SvC, 6 March 1944)

b. X-ray therapy will not be given without consultation with the referring officer. Requests for roentgen therapy are prepared on WD AGO Form 8-64 and forwarded to the Chief of X-Ray Service. The clinical record is sent by messenger to the Chief of Service when the patient reports for the first treatment. Upon completion of a series of treatments, the chief of the service or his assistant sends to the ward officer his record of treatment and provides the patient with a record of amount and quality of irradiation received.

c. The roentgenologist will be responsible for the protection of the patient and operating personnel against the hazards of unnecessary radiation. To this end he will, by periodic check, see to it that the equipment is properly calibrated. He will personally supervise the administration of roentgen treatments.

d. The roentgenologist is personally responsible for the administration of such quality and dosage of radiation at such intervals of time as will be of maximum benefit and the least harm to the patient, for both the immediate and remote future. Accordingly, the roentgenologist will prescribe the quality and dosage of radiation and the duration and intervals of treatment. He will also determine, in consultation, whether or not roentgen therapy will be beneficial in any given case.

e. Because of injury which might result from indiscriminate and incomplete administration of roentgen therapy, first at one hospital and then at another, no patient will be accepted for roentgen therapy unless it is reasonably certain that the entire course of treatment prescribed by the radiologist can be completed, or that the patient will be transferred, with his records, to another hospital where the treatment will be continued to its conclusion. (SGO Cir. Letter No. 4, 20 January 1942; TM 8-260:187 a; WD Cir. No. 138, ASF, 5th SvC, 6 March 1944.)

9. X-RAY FILMS

a. All X-ray films will be filed permanently in the X-Ray Service. There will be no exception to this rule. (TM 8-260:186) X-ray films will be permitted to remain on the wards at the request of the Chief of Professional Service or Section by special arrangement with the X-Ray Service. The means of conveyance of X-ray films between X-Ray Service and wards will be the responsibility of the medical officer requesting the loan. X-ray films will not be conveyed to and from the wards by patients, unless accompanied by written authorization by officer in charge. The Chief of Professional Service or Section will see that films are properly filed and always available to the X-Ray Service and to others in necessary consultations. When re-examination of the patient concerned is requested, the films will be returned to the X-Ray Service for comparative interpretation and completion of film records. These films will again be returned to the proper professional section when these are completed. When the patient is discharged or on furlough, these films will be returned to the X-Ray Service for disposition.

b. Wet films will not be removed from the X-Ray Service, except in emergency or administrative necessity. These films must be returned to the department immediately after serving the purpose.

c. All transfer films received shall be dispensed through the X-Ray Service where a proper alphabetical file shall be maintained, checked daily as new patients report for examination, and if transfer films are available, they shall be filed with current films. This film file will be checked at least every 30 days, and films on patients who have not arrived at this hospital shall be removed from the file and mailed to the following addresses, in accordance with WD Cir. 150, par. VIII, 22 May 1945:

Officers: Officers' Branch
Adjutant General's Office
Washington 25, D. C.

Enlisted Men: Military Information Section
Enlisted Branch
Adjutant General's Office
Washington 25, D. C.

d. At the beginning of each month films made the preceding month on personnel listed below will be sent to the following address for permanent records, as per WD Cir. 150, 22 May 1945:

Officers: War Department Records Branch
Adjutant General's Office
Washington 25, D. C.
Attention: Officer in Charge, 703 Columbia Pike

Enlisted Men: Veterans Administration
Kansas Avenue & Upshur Street, N. W.
Washington, D. C.

- (1) Films on officers leaving the Army through retirement or separation.
- (2) Applicants for commissions.
- (3) Officers examined for active duty.
- (4) All cadets of, and candidates for, United States Military Academy.
- (5) All individuals in the above categories at the time of relief from active duty or discharge from service.
- (6) Enlisted men granted a CDD or separated from the service.
- (7) Members of the WAC granted a CDD or separated from the service.
- (8) Accepted applicants for enlistment.
- (9) Aviation cadets.
- (10) Applicants for flying service.
- (11) Applicants for OCS.

10. MONTHLY REPORT. - The Chief of X-Ray Service will present to the Commanding Officer a complete monthly report of the activities of the X-Ray Department. This report shall include a record of patients examined; number of examinations; films supplied, used, wasted, discarded; and average film consumption per patient and per examination. The patient load shall be broken down into the following groups: Hospital patients, military; hospital patients, civilian; out-patients, military; out-patients, civilian. At the end of each calendar year a summary of the monthly reports will be submitted for the annual report.

11. AUTHORITATIVE REFERENCES. -

a. Chief of Service

- (1) TM 8-260
- (2) ASF Cir. No. 136, 5th SvC, 6 March 1944
- (3) TM 8-260, par. 187
- (4) WD Cir. 150, 22 May 1945
- (5) TB Med 62, Par. 5

b. Requests for Examinations - TM 8-260, Par 185.

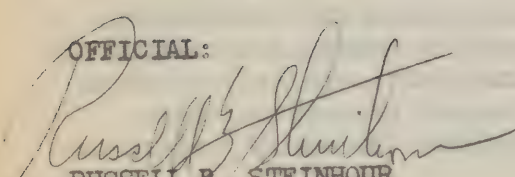
- c. Dental X-Ray Examinations TM 8-260, Par 185 a.
- d. Reports of Examinations TM 8-260, Par 185 and 186
- e. X-Ray Therapy
 - (1) ASF Cir No 138, 5th SvC, 6 March 1944.
 - (2) SGO Cir Letter No 4, 20 January 1942.
 - (3) TM 8-260, Par 187 a.
 - (4) WD Cir No 138, ASF, 5th SvC, 6 March 1944.
- f. X-Ray Films
 - (1) TM 8-260, Par 186.
 - (2) WD Cir No 150, Par VIII, 22 May 1945.
- g. Civ. Emp. - WD Cir 201, February 1, 1945.
- h. Film Storage - AR 850-65.
- i. Nomenclature & Method of Recording Diagnoses - TB Med 203.

12. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

OFFICIAL:


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

WARD ADMINISTRATION

	Paragraph
Ward Officers and Their Duties	1
Nursing Service	2
Ward Attendants	3
Medicines and Medical Treatment, Record of	4
Alcohol, Narcotics and Penicillin.....	5
Diets and Eating on the Wards	6
Treatment of Neuropsychiatric Patients	7
Detention Ward	8
Admission of Patients	9
Inter-Ward Transfers	10
Discharge of Patients	11
Seriously Ill Patients	12
Deaths	13
Patients' Funds and Valuables	14
Patients' Baggage and Clothing	15
Ward Bulletin Boards	16
Furloughs, Passes, and Sick Leave	17
Financial Dealings with Patients	18
Venereal Prophylaxis	19
Clinical Records and Reports	20
Report of Diagnoses	21
Ward Morning Reports	22
Ward Admission Book	23
Property Responsibility	24
Administrative Assistants	25
Visitors and Visiting Hours	26
Visiting Other Patients	27
Quietness on the Wards	28
Lights Out	29
Report of Unusual Occurrences	30
Medical Social Service	31
Authoritative References.....	32
Rescissions	33

1. WARD OFFICERS AND THEIR DUTIES. -

a. Ward officers and assistant ward officers will be assigned to the various wards by the Chief of Professional Service to which they are assigned by CGH Special Orders. TM 8-260; TM 8-262.

b. Ward officers, under the direction of the Chief of Service and Chiefs of their respective Sections, have charge of the wards to which assigned and will be directly responsible for the:

(1) Proper diagnoses, care, treatment, diet, comfort, and welfare of all patients under their charge.

(2) Keeping of accurate clinical records, as prescribed in regulations, of all patients under their charge.

(3) Proper care of clothing and other personal property belonging to patients.

(4) Instruction and the proper performance of duty of commissioned assistants, internes, members of the Army Nurse Corps, and enlisted and civilian attendants assigned to their wards.

(5) Good order and conduct of ward personnel and patients.

(6) Proper care of all government property under their jurisdiction and economical use of supplies and equipment.

(7) Neatness, cleanliness and sanitary condition of their wards and adjacent grounds.

(8) Execution of all orders and regulations pertaining to the administration and conduct of their wards.

(9) Maintenance of all ward records and for the preparation and proper submission of such miscellaneous reports as may be required. Records and reports require the approval of the Chief of Service and ward officers are responsible that all reports prepared for submission to other offices are forwarded through the office of the Chief of Service unless otherwise specifically indicated.

(10) Ward personnel shall not divulge official information, written or oral, regarding patients. Requests for information regarding patients by newspapers, press, bureaus, radio stations and like organizations at all times will be courteously referred to the Public Relations Officer for reply. When calls are received over the telephone for information regarding patients, they will be referred to the Executive Officer for answer.

c. Ward officers, or their commissioned assistants, will make rounds of their wards before 1100 hours daily and see all patients. They will make such additional rounds as may be necessary in their judgment for the proper care, treatment and comfort of patients under their charge. In addition, they will make frequent night visits to their wards in the interest of morale and discipline. All patients, except those attending clinics, etc., will remain in their wards until the ward officers have made their morning rounds. Absenteeism will be investigated at once to account for all patients.

d. Complete physical examination will be performed and indicated treatment initiated as soon as practicable after the admission of patients.

e. Ward administration is a serious and extremely important duty of a ward officer, the responsibility of which cannot be subordinated. The professional attention, care and treatment of patients is of primary importance but such care and treatment cannot be properly accomplished unless efficient administrative methods are maintained.

f. Absolute cleanliness, orderliness and quietness are the first essentials of ward administration and can be obtained only by the constant vigilance of officers, non-commissioned officers, nurses and others in authority. Careful and thorough inspections must be made at least once daily and immediate action taken to bring about the correction of irregularities so discovered.

g. Convalescent patients may be employed to perform such light duties in and about the hospital as may be of therapeutic value or which may tend to improve their physical condition. Par. 2b (2), AR 40-590. The ward officer will decide which patients are in these categories.

h. Ward officers will assure themselves that patients have sufficient toilet articles in their possession, that their teeth are cleaned at least once daily, and that they bathe or are bathed at proper intervals.

i. Patients, other than those on an officer's status, will be required to wear hospital outer clothing while in the hospital. Except in the case of patients on an officer's status, personal clothing, with the exception of shoes, socks, underclothes and head covering, will be deposited in the hospital clothing room. Patients will wear a Medical Department convalescent suit or robe over pajamas while away from their wards. Ward officers are responsible that hospital clothing worn by patients is serviceable, neat and scrupulously clean.

j. Ward officers should impress upon their patients that they are interested in their welfare, anxious to make them comfortable, and to improve their physical condition. They should endeavor to explain to them the necessity and importance of certain ward regulations, diagnostic procedures, therapeutic procedures, etc., to the end that the patients are relieved of the mystery, fear and suspicion so often present in the minds of those who are subjected to a hospital environment. They should not hesitate to discuss the patient's condition with him and to give him such information relative to the progress of his case, results of laboratory procedures, diagnoses, etc., as may assist him to obtain an insight into his physical condition. At the same time, discre-

tion will be used so as not to give a patient information, either written or verbal, which may be used as a claim against the government. The majority of patients appreciate frankness in these matters and will cooperate accordingly.

k. Ward officers are responsible for the discipline of patients in their wards. Patients committing minor offenses will be punished by confinement to bed, restriction of privileges, etc. Major offenses or repeated minor offenses will be reported to the Commanding Officer, Detachment of Patients, for disciplinary action. See HR 40-1220.

l. Ward officers will carefully investigate all complaints made to them by patients, no matter how trivial the complaint may appear to be, and in the event the complaint is justified, take immediate steps to correct the irregularity. Irregularities that are beyond the power of the Ward officer to correct will be immediately reported to the Adjutant.

m. Ward officers will assert every effort to preserve the privacy of patients insofar as possible. Patients in open wards will be protected by screens while undergoing dressings, spinal punctures, venipunctures, etc., while being bathed and while the bedpan is being used. Patients will also be protected by screens while partially or completely stripped for examination.

2. NURSING SERVICE. - See HR 40-20.

3. WARD ATTENDANTS. - TM 8-260.

a. Ward attendants will be assigned to duty in the wards by the detachment commander, (see HR 40-710), the number allocated each ward to be subject to the approval of this headquarters. One attendant in each ward will be designated as Ward Master by the Detachment Commander.

b. Ward masters, under the direction of the ward officer and ward nurse, will exercise immediate supervision over the ward attendants. In this capacity, ward masters will be responsible for the proper performance of duties, will insist on the wearing of the proper uniform, and will be responsible for the decorum and appearance of the ward attendants.

c. In general, the duties of the ward attendants will consist of the bedside care of patients, rendering assistance to ward officers and nurses in the treatment of patients, the performance of such special work in connection with the treatment of patients as they may have been trained to do, and the maintenance of cleanliness and sanitation in the wards, hallways, latrines, etc. Ward officers and nurses will train and instruct ward attendants in the work required of them. The well being, comfort, feelings, and personal needs of the patients, being important

in bringing about improvement of health or ultimate recovery, are of prime consideration, and, bearing this in mind, ward attendants will exercise gentleness, kindness, and tolerance in dealing with patients.

d. It is important that proper care and use of government equipment and supplies used in the wards be maintained at all times. Ward attendants must be made conscious of this fact.

4. MEDICINES AND MEDICAL TREATMENT, RECORD OF. - AR 40-590;
TM 8-260.

a. Medicines and medical treatment of patients will be prescribed only by medical officers other than dental treatment which may be prescribed by dental officers. A book of record will be maintained in each ward, known as a "Ward Order Book" which will contain the Doctor's Order Sheets, Treatment Records, Nurses' Report Sheets, Temperature Records, Pulse and Respiration Records, and Professional Standing Orders will be kept in a clamped back folder.

b. A medication sheet will be maintained in every ward of the hospital in which patients are receiving medication. This form will show the name of the patient, the character of the medication, and time of administration, entries of which will be made in a space provided for that purpose on the form. This form will be kept habitually fixed to the inner side of the door of the ward medicine cabinet. The nurse in charge of the ward is responsible that it is kept up to date at all times.

c. Phenol, bichloride of mercury, and other active poisons will be plainly labeled and will in addition have a conspicuous "Poison" label attached to the container. These poisons, including disinfectants and medicines for external use only, will be kept under lock and key and will not be kept in the same medicine cabinet as medicines for internal administration.

5. ALCOHOL, NARCOTICS AND PENICILLIN. - All morphine, cocaine, codeine, alcohol and alcoholic liquors, and other habit-forming drugs, to include barbitol, luminal, sulphonal, trional and similar products, will be kept securely locked and the amounts on hand limited to actual necessity. Penicillin will be handled in like manner. The keys will be habitually in the personal possession of a member of the Army Nurse Corps or a Medical Officer. The following named drugs and medicinals will be accounted for on the Narcotic and Alcoholic Register:

Alcohol, Ethyl	Morphine Sulphate Powder
Cannabis, Fluid Extract	Morphine Sulphate H.T. .008 Gm.
Champagne	Morphine Sulphate Solution (.016 to 1 cc)
Chloral	Opium Powder
Cocaine Alkaloid	Pantopon H.T. .002 Gm.
Cocaine Hydrochloride	Penicillin
Cocaine Sulphate Powder	Rum
Codeine Sulphate H.T. .008 Gm.	Sherry Wine
Codeine Sulphate H.T. .016 Gm.	Tr. Opium Camphorated
Codeine Sulphate T.T. .032 Gm.	Tr. Opium U.S.P.
Codeine Sulphate Solution (.032 to 1 cc)	Whiskey
Dilaudid H.T. 1/32 Gr.	
Dilaudid Oral Tablets 1/24 Gr.	

Ward officers will assure themselves that this register is properly and accurately kept and on the 10th, 20th, and the last day of each month will audit the record and certify as to its correctness. The Hospital Inspector will audit the records as directed by this headquarters. AR 40-1705; TM 8-260.

6. DIETS AND EATING ON THE WARD. - See HR 210-60; TM 8-260.

a. Ambulatory patients will normally eat all their meals at the designated mess halls. Bed-patients will be served on the wards from the diet kitchens, such diets and meals as are prescribed by the Ward Surgeons. The evening meal will not be served prior to 1700 hours. Cooking and preparation of food on the wards will be held to the minimum, consistent with good dietetics, for the conservation of labor.

b. Food Carts. - All wards which have been issued electric food carts will use them in lieu of Drinkwater Carts. Electric carts should be plugged in at the ward kitchen approximately one hour before reporting to kitchen in order to be properly heated. Carts are loaded at 0600 hours daily in the Patients' Mess.

c. Serving food between meals and at night is to be discouraged unless because of patient's nutritional requirements such is specified by the Ward Surgeon on the clinical records. Nutrition between meals will be limited otherwise to cocoa, coffee, fruits, juices, milk or prepared nutrient drinks which can be easily served.

d. There are ample food supplies in this hospital at all times, but wards will not be kept stocked unduly.

e. No food will be cooked on the wards for patients during the night after 2130 hours or before 0700 hours unless so ordered by Medical Officers. Dirty dishes, silverware, or utensils will not be left to be cleaned by personnel coming on duty in the mornings.

f. Patients will not be allowed in ward diet kitchens unless their duties, assigned by Ward Officers, require their presence; then only at designated hours. Diet kitchens or refrigerators may be kept locked when not in use at the discretion of Ward Officers and Nurses.

g. In case of violation of diet kitchen rules, duty personnel will notify the Ward Officers or Officers of the Day who will take the necessary disciplinary action.

h. True copies of this Par. 6, HR 40-90, will be posted conspicuously in all diet kitchens.

7. TREATMENT OF NEUROPSYCHIATRIC PATIENTS.- TM 8-260.

a. It must be carefully borne in mind that patients in this service, (especially in closed wards), are mentally ill. They are to be treated with consideration and kindness at all times. Attendants are forbidden to strike or maltreat a patient in any manner and any attendant so offending shall be punished or shall bear the burden of proving that his action was necessary in self-defense or to save life. Each attendant reporting for duty on this service signs a statement that he has read and understands the regulations pertaining to this service.

b. Under no circumstances are arms, clubs, or weapons of any description permitted on a closed ward.

c. No form of mechanical restraint, seclusion, or cold showers is applied as punishment. Restraint or seclusion for therapeutic reasons is applied only upon the written order of a medical officer, and under the direction and supervision of the nurse in charge. The nurse keeps a record of the time of applying and removing the restraint or seclusion. Nurses and enlisted attendants familiarize themselves with the use of the restraint apparatus. A patient in restraint or seclusion is carefully watched.

d. In case of sudden violence of a patient or of injury to a patient or to an attendant, a medical officer will be notified immediately.

e. No patient from a closed ward leaves the neuro-psychiatric service except with permission of a medical officer and in the custody of one or more attendants. Not more than two patients leave the closed neuropsychiatric service in custody of one attendant. The attendant is thoroughly instructed not to lose sight of his patient at any time until he is returned to the neuro-psychiatric service unless relieved of his responsibility by an officer or a noncommissioned officer on duty in that service. No officer, nurse, or attendant in any clinic or department where cases are sent will give instructions contrary to the above.

f. No patient is taken from the closed neuropsychiatric service without knowledge of the nurse in charge or ward nurse, and she enters in a record book the name of the patient, time of departure, time of return, destination, and name of approving medical officer.

g. The night nurse in charge will remain in the office designated on the service, when not actually engaged in her duties on the wards. The night wardmaster and attendants, at all times, will remain on the ward proper, unless relieved by the noncommissioned officer.

h. Shaving and hair cutting of patients on closed wards is done by an attendant detailed for duty and in no case is a patient permitted possession of barber equipment.

i. Patient on a prisoner status or those awaiting general court-martial charges confined on the closed neuropsychiatric service are not sent off the service except to visit a clinic or for other authorized official purposes. In such cases each is accompanied individually by one or more attendants, the number to be determined by an officer.

8. DETENTION WARD. - See HR 40-40; TM 8-260.

9. ADMISSION OF PATIENTS. - Patients will be admitted through the admission and disposition office. However, cases requiring immediate medical or surgical attention, or other cases designated by these headquarters, will be admitted directly to the proper ward. In these instances the ward officer will be responsible that the admission and disposition officer be promptly notified so that the necessary records may be accomplished. See HR 40-1110; AR 40-590; AR 40-1025; TM 8-260.

10. INTER-WARD TRANSFERS. - See HR 40-1140; TM 8-262.

11. DISCHARGE OF PATIENTS. - See AR 40-590; TM 8-260.

a. Disposition and Clearance - See HR 40-1130.

b. Discharge for Disability - Officers' Retirement - See HR 40-1070.

12. SERIOUSLY ILL PATIENTS. - Ward officers will keep a list of all patients in their wards who have been reported as seriously ill. This list will be prepared and conspicuously displayed at all times on the nurse's desk and checked daily by the ward officer to see that it is kept up to date and that the names of those patients who are no longer seriously ill have been removed from the list and that fact reported to the Registrar. See HR 40-1050; AR 40-590; TM 8-260.

13. DEATHS. - See HR 40-1060; TM 12-2; TM 8-260; AR 40-590; AR 600-550.

14. PATIENTS' FUNDS AND VALUABLES. - Patients will be informed that retention of any funds or valuables while in the ward will be at their own risk and that currency checks, or valuables coming into their possession after their admission to the hospital may be deposited with the registrar. See HR 40-1120; AR 40-590; TM 8-260; TM 8-262.

15. PATIENTS' BAGGAGE AND CLOTHING. - See HR 40-1210; AR 35-6680.

16. WARD BULLETIN BOARDS. - Ward bulletin boards are for the purpose of disseminating information and orders to patients. They should contain no matter other than necessary to meet this requirement. The contents of these bulletin boards will be neatly arranged and kept free from obsolete and extraneous matter. Up-to-date copies of the following Hospital Regulations, as amended, will be posted at all times:

- a. HR 15-45, Visitors and Visiting Hours.
- b. HR 40-90, Ward Administration.
- c. HR 40-1220, Conduct of Patients.
- d. HR 100-50, Fire Regulations.
- e. Hospital Bulletin, (daily).
- f. CGH Special Orders, (when applicable).

17. FURLOUGHS, PASSES AND SICK LEAVE. - See HR 40-1230.

18. FINANCIAL DEALINGS WITH PATIENTS. - No member of this command will have any personal financial dealings with patients.

19. VENEREAL PROPHYLAXIS. - Ward officers will impress on patients the necessity for compliance with accepted means of venereal prophylaxis and will promptly report cases of venereal disease occurring in patients under their control to the Chief of the Medical Service.

20. CLINICAL RECORDS AND REPORTS. - Ward Officers are charged with the preparation and rendition of clinical records, and such other reports as may be prescribed by proper authority pertaining to patients under their charge. They will be governed by AR 40-1025; TB Med 203; TM 8-260; and HR 40-1030. Every ambulatory patient will be weighed monthly and weight recorded in the clinical record.

21. REPORT OF DIAGNOSES. - TB Med 203; AR 40-1010; AR 40-1025.

a. The Diagnosis Slip may be accomplished as an "initial", "corrected", or "additional" record, as defined below, depending upon current circumstances. The latter two forms are supplemental to the initial record. When a Diagnosis Slip is prepared, it will be checked in the appropriate box to indicate whether it is an initial, corrected, or additional report. The three types are defined as follows:

(1) Initial Report - prepared for each patient on admission to hospital, initiated by the Admission and Disposition Officer and completed by the Ward Officer.

(2) Corrected Report - submitted when information on initial report is in error as in a change of diagnosis.

(3) Additional Report - submitted when supplemental information, such as an additional diagnosis is found or when a cured condition is reported.

b. The responsibility for the completeness and accuracy of the Diagnosis Slip lies with the Ward Officer actually treating the patient concerned.

c. Completion of the Initial Report will be completed within forty-eight hours after the admission of the patient.

d. The Diagnosis Slip is the source of the majority of data entered on the patient's statistical locator card; it is therefore essential that the ward officer accomplish each form completely and accurately before submitting it to the Registrar. Moreover, he will promptly accomplish and submit corrected and additional slips when necessary. See TM 8-262; TB Med 203.

22. WARD MORNING REPORTS. - See AR 40-1025.

a. The nurse in charge of each ward of the hospital at 2400 daily is responsible for the accurate completion and prompt dispatching of the report for the preceding twenty-four hour period, and for initiating a report form for the succeeding like period. During the period covered in the report, each nurse in charge of the ward will be responsible for the entries made during her time on duty; however, the accuracy of the completed report will be the responsibility of the nurse signing it.

b. The report will be prepared in one copy only, and immediately upon completion will be dispatched by special messenger to the Admission and Disposition Branch of the Registrar's Office. See TM 3-262.

23. WARD ADMISSION BOOK. - A Ward Book of the standard type issued by the Medical Supply Officer will be maintained in the Ward Officer's Office in every ward in the hospital. This book will show the register number, surname, christian name, rank, organization, religion, date of admission of patient, final diagnosis, type of disposition and date of disposition of each patient. Data will be copied from the Form 55A. Ward Officers are responsible that this book is kept accurately up-to-date at all times.

24. PROPERTY RESPONSIBILITY. - The Administrative Assistants to the Chiefs of the Services will be responsible for all government property issued for use in the wards under their jurisdiction and are charged with the proper use and administration thereof as provided in current regulations and instructions. IIR 40-30; IIR 40-1705. This responsibility infers that the officer who signed for the property verifies that the items listed were physically present at the time he signed for them, subsequently, he is held responsible for their loss or undue damage. Property responsibility includes the concept that the officer concerned will take reasonable steps to insure that the government property assigned to his care is not lost or damaged through carelessness or neglect due to misuse by ward personnel and that they are instructed as to the proper care thereof. The officer concerned must insure that proper records are being maintained and that any loss is reported as soon as noted and that damaged or unserviceable property is turned in at the earliest possible moment. Designation of property responsibility is made at the time the officer is assigned on special orders to take over the property. No property should be transferred from one ward or department to another without mutual consent of the responsible officers concerned. See IIR 40-1705. The cooperation of the Medical Officers, Ward Nurses, Ward Attendants and Patients is needed at all times to protect the interest of the responsible officers and they are responsible for their own misused, lost, stolen, or damaged government property. The stealing or misappropriation of government property is a punishable federal offense.

25. ADMINISTRATIVE ASSISTANTS. - See IIR 40-30. Administrative Assistants are non-professional officers assigned to the Chiefs

of the Services. They are the representatives of the Chiefs of the Services and will take precedence over all ward, clinic, and officer personnel when in the performance of their duties. Read HR 40-30 for complete outline of duties.

26. VISITORS AND VISITING HOURS. - See HR 15-45.

27. VISITING OTHER PATIENTS. - See HR 40-1220.

28. QUIETNESS ON THE WARDS. - See HR 40-1220.

29. LIGHTS OUT. - As a military installation this Hospital will comply with taps at 2300, (AR 210-10, par 26). Overhead lights will be turned off at 2200 hours and all bedside lights will be put out at 2900 hours. All radios will be turned off at 2300 hours. When lights are extinguished, absolute quietness is required. Patients returning from post entertainments or from pass will be quiet entering the ward. Violations of these regulations will be reported and punishable by summary action.

30. REPORT OF UNUSUAL OCCURRENCE. -

a. A report will be made of any unusual occurrence in which a patient is concerned, i.e., suicide or attempted suicide, falling from bed, injury inflicted by another patient, injury due to an accident within the hospital, burns from hot water bottles or electric appliances, error in administration of medication, etc. - in short, any unusual occurrence which might have been detrimental to the patient or might constitute a reason for justifiable complaint.

b. This report will be prepared in duplicate on Form 36-1, "Report of Unusual Occurrence", as soon as possible after the incident. One copy will be sent without delay to the Adjutant and the other to the Chief of the Service concerned. If the occurrence to be reported is at a time other than duty hours, the reports will be submitted at 0800 hours the following morning.

c. If the unusual occurrence is in a ward, reports will be prepared and forwarded by the ward officer, or in his absence, the nurse in charge. In other instances report will be prepared and forwarded by the officer or nurse who first has cognizance of the occurrence.

d. In all cases of theft, the ward officer, nurse, attendant, or other individual who first has knowledge of the occurrence will immediately report the circumstances by telephone to the noncommissioned officer on duty at the Guard House. This action will be taken in addition to rendering the "Report of Unusual Occurrence".

31. MEDICAL SOCIAL SERVICE. - Ward Officers will submit to the Director of the Social Service Department, American Red Cross (local) the names of those patients whose social economic status is such as to probably require assistance from that department.

32. AUTHORITATIVE REFERENCES. -

a. AR 35-6640, 16 April 45, Accounting for Lost, Damaged or Destroyed Property.

b. AR 35-6680, 19 Aug 44, Transfers of Property Accountability and Responsibility.

c. AR 40-505, 5 Dec 45, Medical Attendance.

d. AR 40-590, 29 Aug 44, Administration of Hospitals, General Provisions.

e. AR 40-600, 6 Oct 42, Medical Department - General Hospitals.

f. AR 40-1010, 10 Oct 45, Dental Reports, Returns, and Records.

g. AR 40-1025, 12 Dec 44, Records and Reports of Sick and Wounded.

h. AR 40-1705, 2 Nov 42, Medical Supplies.

i. AR 600-500, 7 Dec 45, Care and Disposition of Insane.

j. AR 600-550, 23 Dec 44, Deceased.

k. TB Med 203, 19 Oct 45, Nomenclature and Method of Recording Diagnoses.

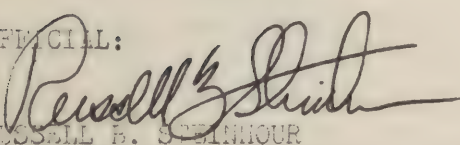
l. TM 8-260, 16 July 41, Fixed Hospitals of the Medical Department, (General and Station Hospitals).

m. TM 8-262, Feb 45, Administration of Fixed Hospitals in Zone of Interior.

33. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR

Major, MAC

Adjutant

RUSSELL B. STEINHOOR

Major, MAC

Adjutant

HOSPITAL REGULATIONS)
NO. 40-305)

HR 40-305
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

LABORATORY SERVICE

	Paragraph
Chief of Service.....	1
Organization.....	2
Emergency Detail.....	3
Administrative Records.....	4
Procedure for Requesting Examinations.....	5
Special Rules for Each Laboratory Section.....	6
Blood Transfusions.....	7
Authoritative References.....	8
Rescissions.....	9

1. CHIEF OF SERVICE. - The Commanding Officer will designate a medical officer who will be known as Chief of Laboratory Service. His duties in general are:

- a. General charge of the laboratory.
- b. To supervise the performance of such examinations as are requested by Medical, Dental or Veterinary Officers and report the findings directly to those concerned.
- c. To perform or supervise the performance of post-mortem and biopsy examinations; to prepare the necessary reports; and to preserve and dispose of gross specimens. AR 40-310, AR 40-410.
- d. General charge of the morgue, including care of the bodies of deceased persons until turned over to the proper undertaker.
- e. To have an available list of blood donors on hand at all times so that blood can be secured without delay in any emergency.
- f. To perform such other functions as the Commanding Officer may direct.

2. ORGANIZATION. - This service is composed of six sections:

- a. Bacteriology.
- b. Chemistry.
- c. Hematology.
- d. Pathology.
- e. Serology.
- f. Urinalysis.

Each section is immediately supervised by a commissioned officer working under the direction of the Chief of Service.

3. EMERGENCY DETAIL. - During the regular duty hours, the full complement of officers and enlisted personnel except those on authorized pass will normally be present. After regular hours, a competent enlisted laboratory technician will be present for all emergency work, and a commissioned officer will be on call. On Sundays and holidays a skeleton crew just sufficient to cover all sections of the department will be on duty.

4. ADMINISTRATIVE RECORDS. -

a. Records of Examinations. - There will be maintained in the laboratory a record of all examinations made. Blood donor index cards, autopsy protocols and surgical pathological reports will be permanent. All other duplicate reports will be retained for a period of three months and then destroyed. TM 8-260, Par 179, TM 12-700, 12-71.

b. Forms for Laboratory Requests and Reports. - The following forms are used to request laboratory examinations. They will be submitted in duplicate, except those indicated by an asterisk (*) which will be submitted in triplicate or as indicated below:

WD AGO NO.

8-67	Blood (Old 55L-1)
8-68	Blood (Chemistry) (Old 55L-2)
8-69	Serology (Old 55L-3)
8-70	Spinal Fluid (Old 55L-4)
8-71	Urinalysis (Old 55L-5)
8-72	Urinalysis (Quantitative) (Old 55L-6)
8-73	Sputum (Old 55L-7)
8-74	Gastric Analysis (Old 55L-8)
8-75	Feces (Old 55L-9)
8-76	Carbohydrate Tolerance (Old 55L-10)
8-78	Renal Function (PSP) (Old 55L-12)
8-79	Renal Function (Urea Clearance) (Old 55L-13)
8-80	Renal Function (Concentration & Dilution) (Old 55L-11)
8-81	Miscellaneous (Old 55L-15)
*8-82	Pathological Examination of Tissue (in quintuplicate for enucleated eyes; in duplicate for other tissues) (Old WD Form No 55M)
*8-216	Blood Transfusion Record (triplicate - Old CEH Temp. Form No 8)

5. PROCEDURE FOR REQUESTING LABORATORY EXAMINATIONS. -

a. General Rules Governing Laboratory Requests. -

(1) Procedure for personnel to follow in filling out request forms. - Fill out all forms in duplicate, except as otherwise

noted in Par 4b above. Each request will bear the name (last name first), rank, serial number, ward number or clinic and date. If the patient is a bed patient, this fact will be noted and the bed number shown. The examination requested will be indicated by a check mark opposite the tests desired; requests not checked by item will be given routine examinations. TM 8-260, Par 179.

(2) Routine Requests. - All routine requests should be in the laboratory by 0800 hours on the day on which the test is to be performed. Specimens and requests from the Out-Patient Service will be accepted at any time during the regular duty hours. Only emergency work will be done between 1700 and 0800 hours and on Sundays.

(3) Emergency Requests. - Emergency requests will be accepted at any time and will receive prompt attention by the laboratory. Such requests must, however, be so labeled and must be initialed by the requesting medical officer; otherwise, they will not be honored as emergencies and will be run with the routine work on the following day. The word "emergency" will not be abused by the requesting officer who is anxious to secure a routine report in a hurry.

(4) Ambulatory and Bed Patients. - Ambulatory patients should bear their own request forms to the laboratory between 0800 and 0900 hours. In the case of bed patients, the ward and bed numbers should be clearly indicated on all slips, so that the technician may secure the desired specimen with minimum loss of time and disturbance to ward personnel and other patients.

(5) Procedure for Obtaining Completed Reports. - Completed reports will be placed in the "Outgoing Reports" box just inside the entrance of the laboratory. They must be picked up by the ward personnel and will be available for collection at 1730 hours on the day the test is completed. Emergency reports will be phoned to the ward concerned immediately on completion of the test.

(6) Professional Safeguarding of Laboratory Reports. - Under no circumstances will reports be given out to patients or other unauthorized persons. Such information will be given exclusively to the ward officer or to his proven authorized representative.

(7) Laboratory Containers. - Proper containers for the collection of specimens will be used in every case. Such containers will be obtained at the laboratory in sufficient number to supply immediate needs only. All specimens will be labeled with the name and ward number of the patient. The use of adhesive plaster

for specimen labels is prohibited. Food containers (milk bot will not be used to convey laboratory specimens.

6. SPECIAL RULES FOR EACH LABORATORY SECTION. -

a. Bacteriology. -

(1) Specimens should be taken by the officer requesting the examination and sent to the laboratory as soon as possible. Sterile swabs and culture material will be procured from the Central Supply. Strict adherence to sterile technique is necessary to insure accurate bacteriologic diagnosis. Blood cultures will be obtained by the laboratory personnel. Unless marked "emergency", they will be taken on the morning following receipt of the request slip.

(2) Dark Field Examinations. - These will be done at 1300 hours daily. The patient will report to the laboratory with the request in duplicate on Miscellaneous Form WD AGO 8-81.

(3) Stool Examinations. - Examination for parasites and ova will be done on soft or liquid stool specimens only. The specimen will be collected in a warm bedpan and transferred to a container provided by Central Supply for that purpose and will be brought immediately to the laboratory. Stool specimens to be examined only for occult blood will be accepted at any time between 0800 and 1500 hours.

(4) Mycologic Examinations. - Material for examination for fungi will be obtained from the patient by a medical officer and sent to the laboratory in a sterile container as soon as possible.

(5) Friedman Test for Pregnancy. - These tests will be initiated only on Mondays and Thursdays, except in cases of strict emergency. Requests in duplicate on Miscellaneous Form WD AGO 8-81 will reach the laboratory by 1000 hours on these days.

(6) Sputum Examinations. - An early morning specimen is invariably the most satisfactory. The patient should be instructed to rinse his mouth well and to raise the sputum with an explosive cough. Sputum is collected in a container provided by Central Supply and should be in the laboratory by 0900 hours. The proper form is WD AGO Form No 8-73. Saliva will not be examined.

(7) Animal Inoculations. -

(a) Guinea pig inoculations of sputum, gastric contents and urine for tuberculosis will be done on request when the evidence from direct examination of the suspected material is negative or inconclusive. When sufficient material is submitted

two guinea pigs will be used. These reports will be available in six weeks from the time of inoculation.

(b) Other inoculations for the isolation of organisms and determination of virulency will be performed when indicated.

b. CHEMISTRY. -

(1) Requests for chemical examinations on bed patients will reach the Laboratory Service by 0800 hours. Ambulatory patients will report between 0800 and 0900 hours. Except for the determination of the blood sulfonamide levels, the patients will go without breakfast on the morning on which the test is to be run.

(2) Cholesterol Esters will be determined only on Tuesdays.

(3) Serum Phosphatase and Vitamin C levels will be done only on Thursdays.

(4) Glucose Tolerance tests will be run on Mondays, Wednesdays, Thursdays and Fridays by appointment.

(5) Blood Alcohol determinations may be ordered at any time. The specimen must be ordered and drawn by a medical officer who signs the request slip personally and also indicates the exact time the sample was drawn.

(6) When it is desired to know the level of nitrogenous waste products in the blood, a urea nitrogen determination alone will be made. If this exceeds 20 mg per 100 cc, the non-protein nitrogen and creatinine values will be determined without further request.

(7) Urea Clearance tests will be run daily but an appointment with the Chemistry Section will be made in advance.

c. Hematology. - Routine blood counts will include only the white blood cell count and hemoglobin determination (SGO Cir Ltr 193, 30 Nov 1943). Initial red blood cell counts, differential counts or any other desired hematological procedure will be performed provided the request slip is signed by a medical officer. Subsequently, any procedures which are checked on the request slip will be performed without a medical officer's signature. Officers contemplating bone marrow studies are requested to consult with the laboratory officer for appointments and to acquaint him with the case history.

d. Pathology. -

(1) Autopsies. - These will be performed upon the written authority of the Commanding Officer or his representative. Notification of the time of holding the autopsy and its demonstration will be sent to the chiefs of the services. An abstract of the clinical data will be furnished the laboratory to be incorporated into the protocol. This information will be submitted by the service on which the patient died as soon as possible after death. The following prescribed form is to be used in outlining the abstract. AR 45-410.

Name;	Rank;	ASN;	Org.
Date of Admission;			
Habits;			
Family History;			
Previous Personal History;			
Present Illness;			
Physical Examination;			
Laboratory and X-Ray Findings;			
Progress Notes;			
Date and Hour of Death;			
Clinical Diagnosis;			

(2) Disposition of Bodies. - (AR 40-590, Par 20, as revised by WD Cir No 21, 6 Oct 1941) Death tags will be filled out completely and signed by the medical officer who pronounces the patient dead. One tag will be securely tied to the right great toe, the other to the right wrist (TM 8-260, Par 103). Bodies committed to the morgue will be placed in the correct posture. Care will be exercised to prevent turning of the head, extreme flexion or extension of the neck or malposition of the extremities. Undue pressure by winding sheets or otherwise will be avoided. During routine duty hours, this is the responsibility of the Chief of Laboratory Service or his representative. Outside of these hours, this responsibility belongs to the officer who determines the fact of death. The Chief of Laboratory Service or his representative will be responsible for the care of bodies held in the morgue and will turn them over to the undertaker only on written authority of the Registrar or the Administrative Officer of the Day. The person removing the body from the morgue will acknowledge receipt thereof upon the Registrar's order authorizing removal. This record will be filed in the laboratory.

(3) Surgical Specimens. - Surgical tissues will be placed in 10% formalin in a labeled container immediately upon removal from the patient. They will be brought to the laboratory as soon as possible. WD AGO Form No 8-32 must accompany the tissue.

(4) Preservation of Specimens. - Valuable and interesting specimens obtained at operation or at autopsy are preserved and forwarded to the Army Medical Museum accompanied by pertinent data. AR 40-310.

e. Serology. -

(1) Blood Kahn tests will be performed twice daily, at 0900 and at 1400 hours. Blood will be drawn from patients any time until 1330 hours.

(2) Cephalin-cholesterol flocculation tests will be run only on Tuesdays. Requests for this procedure will reach the laboratory by 0800 hours on that day.

(3) *Blood and Spinal Fluid Wassermanns will be done only on Wednesdays. Requests for blood Wassermann tests will reach the department by 0800 hours on that day. Spinal fluid for Wassermann tests may be sent to the laboratory at any time before 0800 hours on Wednesdays.

(4) Quantitative Kahn tests will be ordered only when the qualitative Kahn is 3 or 4 plus.

f. Urinalysis. - All routine urine specimens will reach the laboratory by 0900 hours. Specimen containers will be picked up from the laboratory by the ward men on the preceding evening. The routine examination will not include a microscopic examination (SGO Cir Ltr 193, 30 Nov 1943). When a microscopic examination is desired, the slip will be initialed by a medical officer. All quantitative determinations require a 24-hour specimen. For special examinations for renal function, exact directions should be secured from the laboratory by the ward officer or nurse.

7. BLOOD TRANSFUSIONS. - (AR 40-1715; SGO Cir Ltr 21, 1942)

a. Full responsibility for the inauguration and control of an efficient method of providing blood for transfusions is placed on the Chief of Laboratory Service. He will have on hand at all times an adequate amount of stored whole blood, or if this is not available, an emergency list of readily available donors from the detachment from whom suitable blood can be obtained with a minimum of delay.

b. Stored whole blood is obtained from the Red Cross donors who donate blood on Mondays and Wednesdays at this hospital. This blood is classified according to group and the presence or absence of the Rh factor and is retained for use for a period of 10 days.

c. Blood for transfusion is requested on WD AGO Form 8-216 which must be filled out completely and correctly. The first section of this form will be filled out by the ward officer, the second section by a laboratory officer and the third by the officer who gives the transfusion. Upon completion, one copy is kept with the clinical record, and the other two are returned to the laboratory for filing.

d. When a request for blood reaches the laboratory, blood of the homologous group and Rh factor which is compatible by cross-matching with the recipient will be furnished. When the recipient is Rh negative and only Rh positive blood is available, a Levine modified compatibility test will be done; if this is negative, the blood will be furnished. However, the laboratory can not be responsible for a hemolytic reaction which occurs in the presence of a negative test.

e. Miscellaneous WD AGO Form No 8-81 will be used in ordering blood grouping and Rh factor determinations.

8. AUTHORITATIVE REFERENCES. -

a. AR 40-310, 31 Aug 1942, Collection and Shipment of Specimens to Laboratories.

b. AR 40-410, 3 Aug 1942, Army Medical Museum.

c. AR 40-590, 29 Aug 1944, Administration of Hospitals, General Provisions.

d. AR 40-1715, 10 Aug 1945, Blood for Transfusion and Other Purposes.

e. AR 600-550, 28 Mar 1944, Personnel, Deceased, Par 18b.

f. SGO, Cir Ltr 21, Donation of Blood for Transfusion and other Purposes, Act 30 July 1941 (Public Law 196, 47th Congress).

g. SGO Cir Ltr 193, 30 Nov 1943, Elimination of Unnecessary Laboratory Work.

h. TB Med 19, 11 Mar 1944, Facilities Provided for Tissue Pathology in U S Army.

i. TM 8-260, Par 103 and Par 179, 17 July 1941, Fixed Hospitals of the Medical Department (General and Station Hospitals).

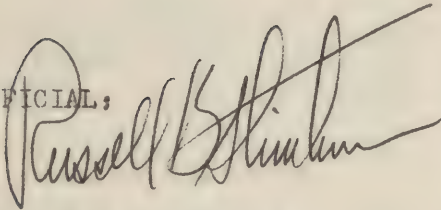
j. TM 12-259, Par 48, Jul 1945, Records, Administration, Disposition of Records.

9. RESCISSIONS. -

- a. CGH Hosp. Bull. 155, Par 5, 30 June 1945, Blood Banks.
- b. CGH Hosp. Bull. 234, Par 5, 2 Oct 1945, Blood Alcohol Test.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-405)

HR 40-405
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

MEDICAL LIBRARY

	Paragraph
Hours.....	1
Use of Books.....	2
Additional Information or Service.....	3
Authoritative References.....	4
Rescissions.....	5

1. HOURS. - The Medical Library is open from 0800 to 1700 hours on Monday, Wednesday, Friday and Saturday, and from 1000 to 2100 hours on Tuesday and Thursday for the professional staff of this hospital. A Medical Librarian will be on duty during these hours.

2. USE OF BOOKS. -

a. When duplicate copies of medical books are available, one copy may be signed out and kept in the department office.

b. When only a single copy of a medical book is available, it will be retained in the library as a reference book.

c. Duty officers may check out any medical book after 1600 hours. It must be returned by 1000 hours the following morning.

d. Current issues of all Medical Journals will be retained in the library. Earlier issues may be checked out for one week periods.

e. Patient medical officers are eligible to study in the Medical Library for reference purposes only. They are not to borrow books or Journals.

f. The Medical Library has established a loan system with the Cleveland Medical Library. Orders for books must be placed by 1600 hours Tuesday of each week. Books will be ready for distribution at 1000 hours the following Thursday. Orders must be placed with the Crile Medical Librarian.

3. ADDITIONAL INFORMATION OR SERVICE. - For additional Medical Library information or service, phone or visit the Library itself, which is located in the South end of Building 13A, Professional Offices.

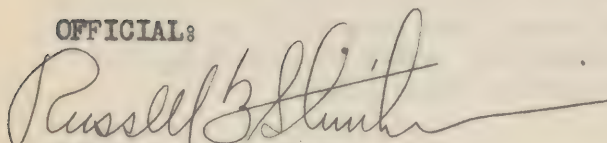
4. AUTHORITATIVE REFERENCES. -

a. AR 40-405, 31 Aug 42, Army Medical Libraries, as amended by C1 AR 40-405, 3 July 1944.

5. RESCISSIONS. - None

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B STEINHOOR
Major, MAC
Adjutant

RUSSELL B STEINHOOR
Major, MAC
Adjutant

DISPENSARY - OUT-PATIENT SERVICE

	Paragraph
Organization and Function.....	1
Service Duty Hours.....	2
Medical Attendance During Other Than Duty Hours.....	3
Medical Attendance.....	4
Records.....	5
Special Duties of the Attending Surgeon.....	6
Additional Duties.....	7
Authoritative References.....	8
Rescissions.....	9

1. ORGANIZATION AND FUNCTIONS. - The Out-Patient Clinic and Dispensary of this hospital will be known as the Out-Patient Service and function as a station Dispensary. The Attending Surgeon will be the Chief of the Out Patient Service and will be responsible for its supervision of all activities pertaining thereto. The Out-Patient Service will be maintained for the purpose of rendering medical attention to those entitled to care under provisions of AR 40-505.

2. SERVICE DUTY HOURS. - Duty hours will be from 0800 hours to 1630 hours daily except Sundays. On the latter day the dispensary will be open from 0900 to 1200 hours.

3. MEDICAL ATTENDANCE DURING OTHER THAN DUTY HOURS. - During other than routine duty hours, the duties of the officer in charge of the Out-Patient Service will be assumed by the Medical Officer of the Day for those patients applying for treatment.

4. MEDICAL ATTENDANCE. -

a. Responsibility. - It will be the responsibility of the senior medical officer of the Dispensary to render medical service as follows;

(1) Sick call for the command.

(2) Sick call and consultation service for the adjacent units without medical support.

(3) Sick call for casualties who may present themselves for treatment.

b. Diagnosis and Disposition.

(1) When indicated, the patients may be referred to the various consultation clinics for recommendation or treatment.

(2) Ordinarily Out-Patients will not be directly returned to duty, admitted to hospital or referred to another clinic from the hospital specialty clinics, but will be referred back to the dispensary surgeon, who will make the proper disposition in the light of the consultant's recommendation and his own evaluation of the case.

(3) More detailed information concerning War Department policies and procedures are clearly set-out in WD Cir No 387, 29 Dec 1945.

c. Emergencies. - Cases requiring care will be seen by the Dispensary Surgeon without delay and proper disposition expedited.

5. RECORDS. -

a. Records will be kept in conformity with AR 40-1025 and WD Cir No 387, 29 Dec 1945. The Officer in charge of the Out-Patient Service will maintain an out-patient index, using WD AGO Form No 3-24. On the last day of each month a record of out-patient treatments will be transmitted to the Registrar on the form provided for that purpose.

b. Patients referred by the Out-Patient Service to other professional services or sections will be accompanied by a request for consultation or treatment on the "Consultation Request" form. The officer examining the patient or giving the treatment will make appropriate entries and return the form to the officer in charge of the Out-Patient Service, who will file the consultation form with the Index Card.

c. Careful attention will be given the written record of civilian personnel injuries examined and treated by both the Service or Section to which the patient may be referred and by the Out-Patient Service officer who is responsible that all such information is properly recorded in those cases receiving Out-Patient treatment.

d. Military personnel will be marked "Quarters" by the Dispensary officer only under exceptional circumstances and with the approval of the Commanding Officer, or his designated representative. In such cases the responsible medical officer will report the case to the Receiving and Disposition Officer without delay for inclusion in the daily admission and disposition sheet. A clinical record will be maintained in all cases. At the completion of all "quarters" cases, the clinical record will be closed without delay and sent to the receiving and disposition officer. The latter will make the proper notation on the daily admission and disposition sheet and then transmit the record to the registrar for file.

6. SPECIAL DUTIES OF THE ATTENDING SURGEON. - In addition to his duties incident to the operation of a dispensary and Out-Patient

Service, the Attending Surgeon or designated assistant will:

a. Conduct sick call daily at 0800 hours for enlisted men and 0900 hours for WAC on duty at this station except Sundays at which time sick call will be held at 0900 hours.

b. Make physical examinations of persons referred to him by proper authority.

c. Make physical inspection (AR 615-250) of enlisted personnel on duty at this station, reporting the result to the Commanding Officer, giving the date on which held, the number of men inspected, the names of absentees if any, the number of venereal cases found, the disposition of such cases together with any other information of which the Commanding Officer should be cognizant.

d. Administer to such patients as may be entitled thereto, such prophylactics, vaccinations and immunizations for the prevention of communicable diseases as may be authorized or directed.

7. ADDITIONAL DUTIES. -

a. Member of Board to conduct physical examinations, AR 40-100, AR 40-105, CGH SO No 8, 10 Jan 1946.

b. Member of Board to conduct physical examinations, AR 40-100, of RA CGH, SO No 5, 7 Jan 1946.

c. Medical Inspector, CGH, SO No 302, 20 Dec 1945.

8. AUTHORITATIVE REFERENCES. -

a. AR 40-505, Medical Attendance.

b. AR 40-590, AR 40-600, Admissions to Hospital.

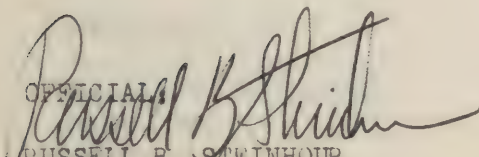
c. AR 345-415, AR 40-1025, AR 345-415, Records.

d. AR 40-210, TM-MED 114, Immunizations.

e. WD Cir No 387, 29 Dec 1945, Sec II, Dispensaries.

9. RESCISSIONS. - None

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

 RUSSELL B. STEINHOURL
 Major, MAC
 Adjutant

RUSSELL B. STEINHOURL
 Major, MAC
 Adjutant

OPERATIONS AND TRAINING DIVISION

	Paragraph
General.....	1
Duties.....	2
Authoritative References.....	3
Rescissions.....	4

1. GENERAL. - The Military Training Division will supervise the training of personnel under the command of the Commanding Officer, Crile General Hospital.

2. DUTIES. - The training office:

a. Plans, schedules and conducts or supervises all training activities for the command.

b. Supervises and coordinates on the job training and special training programs.

c. Schedules and supervises military training for complement personnel and exercises staff supervision over the training of T/O units and prisoners in the guard house.

d. Arranges and conducts technical training classes.

e. Secures, develops and distributes training aids and supplies.

f. Conducts safety and training programs for the promotion of safe and more effective work practices.

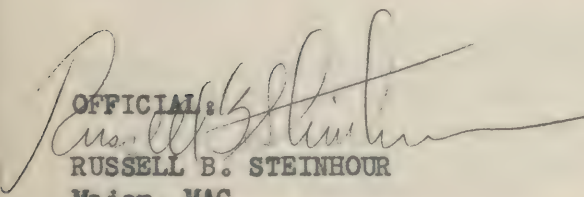
g. Promotes War Department principles and policies for more effective employer and employee relationships.

3. AUTHORITATIVE REFERENCES. -

a. MTP 8-3.

4. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

RUSSELL B. STEINHOURL
Major, MAC
Adjutant

RUSSELL B. STEINHOURL
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-710)

HR 40-710
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

DETACHMENT - ENLISTED MEN

	Paragraph
Assignments.....	1
Organization.....	2
Conduct.....	3
Passes and Furloughs.....	4
Lights.....	5
Sleeping Out of Quarters.....	6
Uniform.....	7
Clothing Issue.....	8
Laundry.....	9
Promotions.....	10
Government Property.....	11
Noncommissioned Officer in Charge of Quarters.....	12
Sick Call.....	13
Authoritative References.....	14
Rescissions.....	15

1. ASSIGNMENTS. - All new enlisted personnel joining the Medical Detachment will be interviewed by the Detachment Commander and assigned duties by the Chief, Military Personnel according to his military specialty. Enlisted personnel so assigned will be under the immediate jurisdiction of the senior member of the command on duty in the facility to which assigned for all matters pertaining to their respective duties therein. Requests for additions or changes in personnel will be made to the Chief, Military Personnel.

2. ORGANIZATION. - The Detachment, Medical Department is organized into administrative and professional groups.

a. Administrative. - This group is composed of men on non-professional duty. It functions directly under the charge of the first sergeant who receives his instructions from the detachment commander.

b. Professional. - This group is composed of men in the professional services of the hospital. Men of the professional group will report for duty to the Administrative Officer of the Day. Upon so reporting, each man will be inspected as to sobriety, neatness and general fitness for duty.

(1) Duties of Noncommissioned Officer Section Supervisors. - Noncommissioned Officer Section Supervisors will assign and supervise the men within their sections. The noncommissioned officer in charge during the night tour of duty will make such complete rounds of wards during the night as may be prescribed by the Detachment Commander or his representative.

3. CONDUCT. - The members of the Detachment Medical Department will conduct themselves with regard to promoting respect for the uniform with special regard to the following:

a. Smoking. - Smoking while on duty is prohibited in wards, clinics, when serving or handling patients; when assisting officers and nurses; in kitchens, mess halls or in food preparation rooms. Smoking at any time in storerooms or in shops where combustible materials such as paints and oils are stored, is prohibited. Officers in charge of the various activities will designate suitable places where smoking may be permitted.

b. Liquor and habit-forming drugs. - The use, introduction or possession of intoxicating liquors or habit-forming drugs on the military reservation without proper authority is prohibited.

c. Loitering in barracks or hospital. - No unauthorized person will be permitted to loiter in or around the barracks of the enlisted men. Enlisted men will not entertain visitors in the barracks; the recreation room is provided for that purpose. The non-commissioned officers of this command will strictly enforce this regulation. Loitering or congregating in hallways, clinics, wards, storerooms or administrative offices will not be tolerated. In order to avoid congestion in front of the mess hall, enlisted men will not leave their places of duty until meal hours. Enlisted personnel may visit patients in the wards during visiting hours only. They will not be allowed to visit in the operating room at any time.

d. "Hitch-hiking". - Soliciting of free rides from passing motor vehicles by the enlisted men of the Detachment is prohibited by Sec III, WD Cir No 95, 7 April 1943.

4. PASSES AND FURLOUGHS. -

a. Temporary Passes. - Members of the Detachment, Medical Department may be granted temporary passes not in excess of 72 hours, once every three months. Enlisted personnel desiring one of these passes will report to the orderly room and secure a pass request. This request will be submitted to his ward master or section chief for signature confirming the fact that the man may be spared from his duties for the specified time, with or without replacement. WD AGO Form 7 will then be filled out by the Detachment Commander and finally approved by him. After approval by the Detachment Commander, the passes will be given to the First Sergeant for issuance to the men. Before any man is allowed to go on pass, each man is inspected by the First Sergeant to insure neatness of person and uniform. Upon completion of pass-time, the passes will be turned in to the First Sergeant or the non-commissioned officer in charge of quarters. Par 9, AR 615-275 will be the governing factor in the issue and control of temporary passes.

b. Permanent Passes. - (Class "A") Each member of the Detachment, Medical Department will be issued a Class "A" pass upon joining the Detachment. This pass will entitle the holder to leave the military reservation during off duty hours and travel within a radius of fifty miles from the post. Continuance of Class "A" pass privilege will be subject to each individual soldier's conduct while a member of the Detachment. The governing factor in the issue and control of permanent passes will be Par 10, AR 615-275.

c. Furloughs. - Applications to be absent for a period of time greater than seventy-two hours will be made as furlough applications. Such applications will be processed in the same manner as a temporary pass with the addition that the Detachment Commander will channel all furloughs through the Chief, Military Personnel for signature and entry in the service record. Par 11, AR 615-275 will govern allotment and control of furloughs.

5. LIGHTS. - Lights will be extinguished in barracks at 2200 hours and in the recreation room at 2300 hours daily. There will be no exceptions to this regulation.

6. SLEEPING OUT OF QUARTERS. - Enlisted men are prohibited from sleeping out of quarters without permission from the Detachment Commander.

7. UNIFORM. - The uniform will be prescribed by the Commanding Officer.

8. CLOTHING ISSUES. - Clothing to be salvaged will be turned in to the supply sergeant not later than Thursday of each week. Clothing will be issued the following week.

9. LAUNDRY. - Laundry will be listed on the forms furnished for this purpose, placed in the laundry or barracks bag and turned over to the supply sergeant at the designated time. Shortages will be reported immediately to the supply sergeant, who will make a personal check so that affidavits may be made in support of a claim. The laundry form must be submitted with the shortage listed on the back. Failure to follow these instructions will prevent submission of a claim.

10. PROMOTIONS. - An officer who believes that a soldier merits promotion, should make written recommendation to the Detachment Commander, bearing in mind that soldierly qualities, such as military bearing, suitability for various assignments, loyalty to superiors, neatness and continued good conduct are of paramount importance. Recommendations will be retained in the Detachment Commander's office until vacancies occur.

11. GOVERNMENT PROPERTY. - Soldiers are responsible for the care and safeguarding of government property where they are on duty as well as of that issued to them individually. Losses of and damage to property should be reported at once. Selling or trading of government property is a serious offense. Individual equipment and clothing will be kept clean at all times. Foot lockers will be neatly packed and locked. All unservicable clothing and equipment will be returned to the detachment supply room. Men going on detached service or furlough or being admitted to the hospital will turn in all equipment, surplus clothing and effects.

12. NONCOMMISSIONED OFFICER IN CHARGE OF QUARTERS. - The non-commissioned officer in charge of quarters will preserve order and discipline in the barracks and will make such inspections as to sanitation and police as the Detachment Commander may prescribe. He will maintain a file of the members of the detachment showing bed numbers and places of duty. He will at once secure and list the effects of absentees and turn them in to the supply room. He will notify the enlisted members of the operating room staff and other members of the detachment on emergency duty when their services are needed. He will awaken the cook at the proper time and will make rounds of the barracks to see that the other members of the detachment are up and in condition to perform their duties at the prescribed hours.

13. SICK CALL. - Any member of the Detachment, Medical Department desiring or needing medical treatment will report to the orderly room on or before 0800 hours each morning to be entered in the Detachment Sick Book. Such members are then taken to the Dispensary (Attending Surgeon's Office) for proper examination and disposition by a medical officer

a. Emergency Care. - Any member of the Detachment needing immediate medical attention is authorized to report, at any time, to the Detachment Commander, or his authorized representative for processing in the same way as routine sick call.

14. AUTHORITATIVE REFERENCES. -

a. AR 615-28, Enlisted Men, Classification, Reclassification, Assignment and Reassignment.

b. TM 8-260, Fixed Hospitals of the Medical Department (General and Station Hospitals).

c. FM 21-50, Military Courtesy and Discipline.

d. AR 615-275, Enlisted Men, Authorized Absence.

e. AR 615-40, Enlisted Men, Clothing and Equipage

f. AR 615-5, Enlisted Men, Appointment and Reduction of
Noncommissioned Officers and Privates, First Class

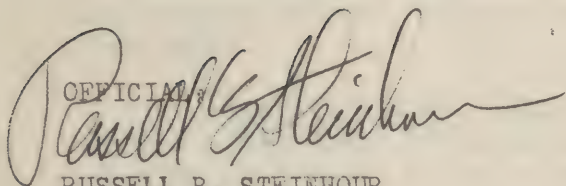
g. AR 345-415, Military Records, Daily Sick Report

15. RESCISSIONS. - .

a. Hospital Bulletin 175, 24 July 1945

BY ORDER OF COLONEL EMERSON:

OFFICIAL



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

CLUB - NCO

	Paragraph
Scope.....	1
Administration.....	2
Funds.....	3
Authoritative References.....	4
Rescissions.....	5

1. SCOPE. - The Noncommissioned Officers Club was activated on 16 April 1944 at Crile General Hospital to furnish social diversion and recreational facilities to its members, their families, their guests and for such other purposes as may be appropriate. Membership in this club shall be limited to all noncommissioned officers who are members of the 3596th Service Command Unit.

2. ADMINISTRATION. - The governing body of the Noncommissioned Officers Club shall be known as the Board of Governors, and shall consist of nine (9) members of the club elected by the active members. The Board of Governors shall serve for a period of six (6) months and in case of a departing member of the Board, the President of the Board may appoint a member to serve for the departed member until the next regular meeting of the club.

3. FUNDS. - Funds are acquired by membership dues and profits from concessions of the club, such as counter sales and the music box. Funds are used for the entertainment of the club members, their guests and necessary maintenance of the club. Funds are kept in accordance with TM 20-221 and AR 210-50.

4. AUTHORITATIVE REFERENCES. -

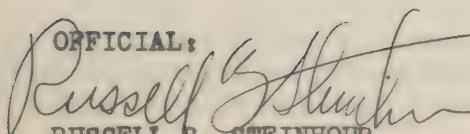
a. TM 20-220 - War Department Accounting Procedures for Post Trust, Central Post, Special Welfare and Sundry Funds.

b. TM 20-221 - War Department Accounting Instructions for Unit and Headquarters Funds.

c. AR 210-50 - Posts, Camps and Stations Nonappropriated Funds.

5. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

CADET NURSES

	Paragraphs
Status	1
Procedure on Arrival	2
Supervision	3
Hours of Duty	4
Training	5
Rules and Regulations	6
Authoritative References	7
Rescissions	8

1. STATUS. - Senior Cadets are student nurses in training.
(ASF Cir No 108).

2. PROCEDURE ON ARRIVAL. -

a. All cadets report to the Director of Cadet Nurses for instructions and assignment to duty. (ASF Cir No 108).

b. The responsibility for effecting personnel actions for the cadets is assumed by the Civilian Personnel Office (ASF Cir No. 108).

3. SUPERVISION. -

a. General. - The Principal Chief Nurse will exercise general supervision over the entire program. (LM 8-260, Section VIII, P. 201).

b. Immediate. - The Director and Assistant Director of Senior Cadets will exercise immediate supervision over all cadet training and activities. (ASF Cir No. 108)

4. HOURS OF DUTY. - Senior cadets will work 48 hours each week under schedules arranged according to the policy of the hospital (ASF Cir No. 108).

5. TRAINING. -

a. A ward teaching program is to be conducted under the supervision of the Head Nurse and will average 2 hours weekly (ASF Cir No. 108).

b. Under the direction of the Director of Cadet Nurses and her assistant instruction in such topics of the Army Nurse Corps basic training program as are essential for the orientation of the cadet to the Army Hospital will be given. (ASF Cir No. 108).

6. RULES AND REGULATIONS. - Policies related to cadet life in the quarters, recreational, social activities, etc., are determined by a student cooperative government. The Director of Cadets and her assistant serve as advisors, and all plans are subject to the approval of the Commanding Officer and Principal Chief Nurse. The cadet nurses are governed by existing hospital or post rules and regulations. Other administrative matters will be conducted in compliance with ASF Cir No. 108, 26 March 1945, Part Two, Section V, Par 4.

7. AUTHORITATIVE REFERENCES. -

- a. ASF Cir No. 108, 26 March 1945 - Cadet Nurses - Hospital - Civilian Nursing Care of Patients
- b. TM 260, 16 July 1941 - Fixed Hospitals of The Medical Department.

8. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-740)

HR 40-740
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio.
1 January 1946

DETACHMENT - WOMEN'S ARMY CORPS

	Paragraphs
Assignments	1
Organization	2
Detachment Orderly Room (Administrative)	3
Noncommissioned Officer in Charge of Quarters	4
Sick Call	5
Passes, Furloughs	6
Salutes	7
Uniform Regulations	8
Authoritative References	9
Rescissions	10

1. ASSIGNMENTS. - All enlisted women joining the WAC Hospital Company from another station will be interviewed by the Detachment Commander and assigned duties in conjunction with the Director of Personnel according to her military specialty. Enlisted women assigned to any particular section or department will be under the immediate jurisdiction of the Department Head or Section chief for all matters pertaining to their respective duties within that organization.

2. ORGANIZATION. - The organization of the WAC Detachment is composed of two services, administrative and professional.

a. Administrative Service. - The administrative service consists of all enlisted personnel on duty in the offices and departments of the hospital, whose duties are strictly non-professional. The administrative service on duty in the hospital consists mainly of the following:

Duty	MOS
Clerk, General	055
Postal Clerk	056
Stenographer	213
Clerk Typist	405
Finance Typist Clerk	623
Finance Clerk	624

b. Professional Service. - The professional service consists of all enlisted personnel on duty in the professional services of the hospital. The professional service covers the following:

Duty	MOS
Dental Laboratory Technician	067
X-Ray Technician	264
Medical Technician	409
Surgical Technician	861

3. DETACHMENT ORDERLY ROOM. - (Administrative) All members of the WAC Detachment on duty at the hospital will function under the supervision of the Commanding Officer, WAC Detachment. She will be responsible for the administration, discipline, health and welfare of the members of her command.

a. First Sergeant - The first sergeant is the administrative assistant of the company commander. She prepares the morning report, the duty roster, the sick report and other company records not prepared in the personnel section. She checks outgoing communications for accuracy, and sees that they are correctly routed and properly and promptly dispatched. She is the intermediary between the company commander and the enlisted women.

b. Supply Sergeant - The supply sergeant represents the company commander in dealing with the various supply agencies. The supply sergeant will be in direct charge of the supply room and all company property, and is responsible for keeping the women of the unit supplied with the authorized clothing allowed and for replacing or salvaging all damaged and worn out articles of clothing and equipment. She will be responsible for care and maintenance of all property and fixtures available for the company's use. The supply sergeant will be responsible for handling the company laundry, maintaining an accurate record of all laundry sent. All losses or damage should be reported to the company commander through the supply sergeant.

c. Company Clerk - Under the supervision of the Commanding Officer or the First Sergeant the company clerk will prepare the company correspondence and reports, maintains records and files. She will see that all records requiring signature or initials of the company commander are so signed or initialed before being filed or forwarded.

4. NON-COMMISSIONED OFFICER IN CHARGE OF QUARTERS. - A noncommissioned officer in charge of quarters is detailed daily from a duty roster maintained by the first sergeant. The tour of duty begins at 1800 hours and ends the following day at 0800 hours. Her duties will be to preserve order and discipline in the detachment barracks and recreation room. She will report to the company commander all violations of orders she has been instructed to enforce, any deficiencies that have come to her attention and any unusual occurrences. She will remain in the detachment orderly room to handle all situations that may arise and promptly notify the person concerned of any messages delivered to the orderly room. She inspects each woman going on pass or furlough to see that she is in proper uniform and is dressed neatly according to WAC regulations. The noncommissioned officer in charge of quarters will see that no liquor is brought into the quarters or company area. She will maintain constant supervision to avoid waste of electric current, and to see that all lights in quarters are turned out at the time prescribed.

5. SICK CALL. - Members of the WAC Detachment, who desire medical care will report to the orderly room at such hours as may be designated by the commanding officer in order that their names may be placed on the sick report for examination by the proper medical officer. When their condition is so acute as to indicate the need of immediate medical attention they will be authorized to report immediately to the commanding officer or to the orderly room noncommissioned officers for the above action.

6. PASSES AND FURLOUGHS. -

a. Temporary Passes. - Members of the detachment may be granted temporary passes not in excess of 72 hours once every three months. Enlisted personnel desiring one of these passes will report to the orderly room and secure a pass request. This request will be submitted to her wardmaster or section chief for signature stating she may be spared for the time specified, with or without replacement. WD AGO Form No. 7 will be accomplished by the commanding officer WAC detachment and finally approved by her if for a period of seventy two hours or less. After final accomplishment, passes will be submitted to the noncommissioned officer in charge of quarters who will issue them to the women when they report for uniform inspection prior to departure. Passes will be turned in to the noncommissioned officer in charge of quarters upon the return from absence. Par 9 AR 615-275 will govern the issue and control of temporary passes.

b. Permanent Passes. - (Class A). Each member of the WAC Detachment will be issued a Class A pass upon joining the detachment. This card will entitle the holder to leave the military reservation when off duty and travel within a radius of fifty miles from the post. Retention of the pass will be subject to the future good conduct while a member of the detachment. Par 10 AR 615-275 will govern the issue and control of permanent passes.

c. Furloughs. - Applications to be absent for a period greater than seventy-two hours will be made as furlough applications and processed in the same manner as three day passes. They will be submitted to the commanding officer, WAC detachment, to be processed through the personnel officer for entry in the service record and signature. Upon return from furlough the duplicate will be sent to the personnel officer to complete the entry in the service record.

7. SALUTES. - See F.M. 21-50 and F.M. 21-100. All corridors and hallways are indoors and the exchange of salutes is not required. Detachment commanders will see that all enlisted women are familiar with the requirements of the above mentioned manuals regarding exchange of salutes and military courtesy.

8. UNIFORM REGULATIONS. - WAC DETACHMENT. See AR 600-37 16 April 45.

a. Members of the WAC detachment will be thoroughly familiar with all provisions and changes to the above Army Regulations. It will be the responsibility of the company commander to see that these regulations are enforced.

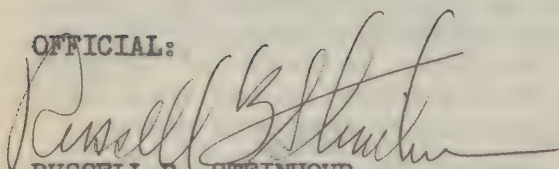
9. AUTHORITATIVE REFERENCES.

- a. AR 600-37 - Prescribed Service Uniform Women Personnel of the Army.
- b. AR 15-5 - Administering the Reserve Officers Training Corps.
- c. AR 15-5 - Records, Par 6, Permanent.
- d. AR 30-1820 - Clothing.
- e. AR 55-390 - Transportation Corps War Department Personnel.
- f. AR 30-3000 - QM Price List of Clothing and Equipment (Clothing).
- g. AR 615-275 - EW Authorized Absence.

10. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR

Major, MAC

Adjutant

RUSSELL B. STEINHOOR

Major, MAC

Adjutant

RECONDITIONING DETACHMENT

	Paragraphs
Duties	1
Supplies	2
Discipline	3
Liaison	4
Quarters	5
Payroll, Morning Report, Sick Book	6
Authoritative References	7
Rescissions	8

1. DUTIES. - The Reconditioning Detachment consists of assigned officers and enlisted personnel having the responsibility for carrying out all phases of the physical and educational reconditioning program. The officer personnel involved are responsible for supervision of the duties of the enlisted personnel. The enlisted personnel are responsible for the actual discharge or the physical performing of all duties connected with this detachment.

2. SUPPLIES. - Supplies for the enlisted personnel are to be drawn from the established supply section of the 3596th SCU, this station. Records and responsibilities for same rest with the accredited personnel of the said supply section.

3. DISCIPLINE - Disciplinary control of the enlisted personnel is the responsibility of the Commanding Officer, Reconditioning Detachment. Assignment of the enlisted personnel to jobs, issuance of passes, furloughs and company punishment are his responsibilities. Company punishment book will be set up and maintained by this detachment.

4. LIAISON. - The C.O. Recon Det maintains close liaison with the C.O. Med Sec, 3596th SCU, regarding use of Reconditioning Detachment personnel on alert groups for this hospital, DS trips, etc.

5. QUARTERS. - Quarters for enlisted personnel of this section are to be provided by the 3596th SCU and administrative control of those quarters rests with the Commanding Officer, 3596th SCU.

6. PAYROLL, MORNING REPORTS, SICK BOOK. - The commanding officer, Reconditioning Detachment will be responsible for proper administration of these separate records:

a. Payrolls will be provided for enlisted personnel, this detachment, by the Fiscal Division which will appoint monthly a paying officer for this purpose.

b. Morning reports will be maintained, and submitted to Military Personnel Officer and other appropriate sections at the desired times.

c. Sick book will be maintained and all enlisted personnel will clear through that medium when requiring medical treatment.

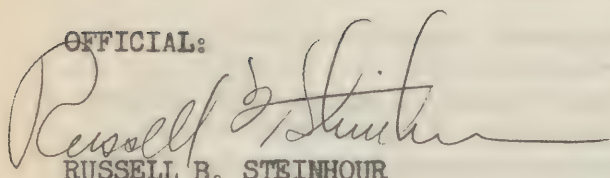
7. AUTHORITATIVE REFERENCE. - C. G. H. GO No. 16, 16 Aug 1945.

8. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant.

HOSPITAL REGULATIONS)
NO. 40-805)

HR 40-805
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

INDIVIDUAL SERVICES DIVISION

	Paragraph
General.....	1
Duties.....	2
Chaplain Branch.....	3
Personal Affairs Branch.....	4
Special Services Branch.....	5
Army Exchange Section.....	6
Athletics Section.....	7
Authoritative References.....	8
Rescissions.....	9

1. GENERAL. - The mission of the Individual Services Division is to render personalized service to all military personnel and to assure the fact that newly assigned patients receive personalized attention upon arrival. By special order, an officer will be designated Director of this Division of the Command. The primary duty of the Director of Individual Services is to secure effective coordination between all the individual services rendered to military personnel. The Director is responsible to the Commanding Officer for the efficient functioning of all services affecting the individual. Cir No 330, 5th SvC, 1945.

2. DUTIES. - He will formulate, coordinate and direct plans and policies with regard to the personal welfare of members and former members of the Army and to supervise the various branches of the Individual Services Division. He will maintain liaison with civilian agencies interested in individual welfare, such as the Red Cross, U.S.O., and Veterans Administration. He will advise and make recommendations to the post commander on all individual services activities.

3. CHAPLAINS BRANCH. - See ER 60-5.

4. PERSONAL AFFAIRS BRANCH. - See HR 40-820.

5. SPECIAL SERVICES BRANCH. - See HR 40-830.

6. ARMY EXCHANGE SECTION. - See HR 210-65.

7. ATHLETICS SECTION. - See HR 850-120

8. AUTHORITATIVE REFERENCES. -

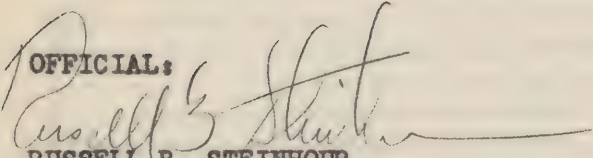
a. Cir No 330, 5th SvC, Par 1, 24 July 1945.

9. RESCISSIONS. -

a. CGH Memo No 12, Par 4 a, b, c, 19 May 1945.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOOR

Major, MAC

Adjutant

RUSSELL B. STEINHOOR

Major, MAC

Adjutant

HOSPITAL REGULATIONS)
NO. 40-810)

HR 40-810
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio.
1 January 1946.

INFORMATION AND EDUCATION

	Paragraphs
Mission	1
Information	2
Education	3
Coordination	4
Authoritative References	5
Rescissions	6

1. MISSION. - The main objective of the Information and Education Office is the planning and supervision of the Army Information Hour, primarily for operating personnel and secondarily for patient personnel, with high consideration of the current military mission. To achieve this goal, stress is placed upon the preparation and circulation of material for use in conjunction with the program and the maintenance of information centers that are applicable to the current needs.

2. INFORMATION. - In order to disseminate valid information, it is advised that the information services made available by the War Department be utilized to their fullest extent. Likewise, the arrangement for showing of informational films in compliance with War Department directives is accomplished in a similar manner. The selection and direction of information topics presented over AFRS station, stressing radio transcriptions of Armed Forces Radio Service, News Service and special programs are achieved.

3. EDUCATION. - The Information and Education Officer is aware of the educational interest and the needs of the operating personnel and plans suitable programs of class instruction. The facilitation of enrollment of operating personnel in the program offered by the United States Armed Forces Institute and the publicity necessitated to make this personnel aware of these services also is of paramount interest; in addition, the arrangement for the recording and accreditation of educational achievement of operating personnel through USAFI.

4. COORDINATION. - The Information-Education Officer directly assists the Educational Reconditioning Officer in regard to his functions as pertains to the hospital patients.

5. AUTHORITATIVE REFERENCES. -

a. WD Cir No. 360, 5 Sep 44, "Orientation, Information, Education".

b. Extract WD Cir No. 367 (1944) - Amends WD Cir No. 360 (1944).

c. Extract WD Cir No. 392 (1944) - Amends WD Cir No. 360 (1944).

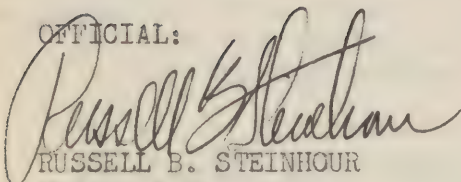
d. ASF Cir No. 396 (1945) - Section II.

e. 5th SvC Cir No. 676, 21 Nov 45, "Transfer of Information and Education Functions".

6. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR

Major, MAC

Adjutant

RUSSELL B. STEINHOOR

Major, MAC

Adjutant

HOSPITAL REGULATIONS)
NO. 40-820)

HR 40-820
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio.
1 January 1946.

PERSONAL AFFAIRS BRANCH

Paragraphs

General	1
Personal Affairs Section	2
Insurance Section	3
Legal Assistance Section	4
Authoritative References	5
Rescissions	6

1. GENERAL. - The Personal Affairs Branch is under the direct supervision of the Director of Individual Services except the Legal Assistance Section.

2. PERSONAL AFFAIRS SECTION. - This Section furnishes information, counsel and advice on personal affairs to all military personnel and upon request, to their dependents, including former members of the Army and their dependents, and also dependents of deceased members of the Army. It provides a convenient centralized agency through which an individual may seek and promptly obtain authentic information, sympathetic counsel and friendly advice in solving the many and varied personal problems which may arise in his or her life. The women's volunteer committee cooperates with the personal affairs section, rendering such volunteer services as are deemed necessary. Close liaison is maintained with Army Emergency Relief, American Red Cross, Veterans Administration, Separation Counseling, local United States Employment Service, United States Civil Service Commission, AGF Liaison Office, AAF Liaison Office, Reconditioning Service, Post Judge Advocate, Military and Patient Personnel Offices, Finance Office, Post Chaplain and other Governmental agencies. ASF Cir No. 293.

3. INSURANCE SECTION. - This section is charged with the promotion of the war department life insurance program through education and dissemination of full information to all military personnel as to the innumerable factors concerning National Service Life Insurance, United States Government Life Insurance, commercial insurance and Article IV of the Soldiers' and Sailors' Civil Relief Act of 1940, as amended. AR 600-110; WD Cir No. 361.

4. LEGAL ASSISTANCE SECTION. - The mission of this Section is to interview, advise and assist military personnel and their dependents in the solution of their personal legal problems and in proper cases, refer such personnel to a designated civilian lawyer, an appropriate bar committee on war work or an established legal aid organization for needed advice and service. WD Cir No. 74.

5. AUTHORITATIVE REFERENCES. -

a. Personal Affairs Section. -

- (1) ASF Cir No. 293, Part 1, 6 Sept 44, - Personnel - Personal Affairs Division, Branches and Offices.
- (2) ASF Cir No. 193, Part V, 30 May 45, Hospital - AGF Liaison Personnel.
- (3) ASF, Monthly Information Memos, PAD.
- (4) ASF Manual M 206, 1 July 44, Personal Affairs Directory.
- (5) WD Cir No. 176, Sec III, 13 June 45, - Liaison Personnel.
- (6) WD Pamphlet 21-5, 1 Apr 44, - Personal Affairs of Military Personnel and Aid for their Dependents.
- (7) Memo 12, CGH, 19 May 45, - Individual Services Division.
- (8) Cir No. 330, Hq 5th SvC, 24 July 45, - Processing of Patient Personnel upon admission to General Hospitals.
- (9) Hq 5th SvC, Monthly Personal Affairs Informants.

b. Insurance Section. -

- (1) AR 600-100, United States Government Life Insurance.
- (2) AR 600-110, National Service Life Insurance.
- (3) WD Cir No. 361, Sec IV, 5 Dec 45, - National Service Life Insurance.
- (4) Soldiers' and Sailors' Civil Relief Act of 1940, Art IV, Insurance.

c. Legal Assistance Section. -

- (1) WD Cir No. 74, 16 Mar 43, - Legal Advice and Assistance for Military Personnel.
- (2) WD Cir No. 73, 17 Jan 44, - Legal Advice and Assistance for Military Personnel

(3) Legal Assistance Memo, Office of JAG, Washington, D. C. and references contained therein.

6. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

A handwritten signature in dark ink, appearing to read "Russell B. Steinhour", written over a horizontal line.

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

SPECIAL SERVICES

	Paragraphs
General	1
Entertainment Section	2
Athletic Council Section	3
Library Section	4
Motion Picture Service Section	5
Athletics Section	6
Authoritative References	7
Rescissions	8

1. GENERAL. - The Special Services Officer functions in the capacity of coordinator of activities of the Post Library Officer, Athletic and Recreation Officer, Theater Officer, the Service Clubs and the American Red Cross. He acts as advisor to those activities and, when necessary, he is liaison between them and the Commanding Officer. He deals with the public in matters pertaining to gifts and donations, and is responsible in the promotion of public sponsored recreational activities for post personnel and patients. His primary mission is to assist the Commanding Officer in maintaining high morale throughout the Command by organizing and supervising well-balanced programs of athletics and recreation. W.D. Cir No. 234, TM 21-205.

2. ENTERTAINMENT SECTION. The mission of the Entertainment Section is to provide entertainment for enlisted personnel. This is accomplished through the following mediums:

a. Soldier Shows, which provide entertainment by, for, and with soldiers. Active participation by as great a number of personnel as possible is the prime consideration of the program. The Special Services Officer functions as a coordinator and organizer of soldier shows and musical activities, leaving the actual entertaining to the enlisted personnel. In addition to the recreation afforded, participation in these activities has definite therapeutic value in the rehabilitations program. Special Service publications available for assistance in presenting soldier shows may be obtained by submitting requisitions in accordance with AR 310-200, and W.D. Cir No. 264.

b. USO Camp Shows, which are tours by professional entertainers financed by contributions from the American public. The Hospital Circuit consists of personal appearances by celebrated entertainers and troupes especially designed to meet the requirements of general hospitals. These units perform in both the wards and recreation halls. Schedules now in operation makes these shows available every two weeks. W.D. Cir No. 247.

3. ATHLETIC COUNCIL SECTION. - The Athletic Council consists of the Special Services Officer, Athletic Officer, EM Representative, EW Representative, Civilian Representative, Athletic Director and any other representative of a department which might be interested in athletic and recreational activities. The Special Services Officer acts as chairman at these meetings which take place once each month unless a special meeting is directed by the Commanding Officer. The purpose of the Athletic Council is to prepare athletic schedules, plan routines to follow in connection with accepting on the post or off the post activities and to discuss new ideas for programs of an athletic nature. W.D. Cir No. 234.

4. LIBRARY SECTION. - See HR 210-70.

5. MOTION PICTURE SERVICE SECTION. - See HR 210-390.

6. ATHLETICS SECTION. - See HR 850-120.

7. AUTHORITATIVE REFERENCES. -

a. Entertainment Section. -

(1) ASF Manual M 211-1, 9 Feb 1945, Sec III.

(2) AR 310-200, 1 May 1943, Sec II, "Military Publications, Allowance and Distribution".

(3) W.D. Cir No. 264, 1944, Par 2, "Requisition of Publications".

(4) W.D. Cir No. 247, 15 Aug 1945, Sec I, II, "USO Camp Shows, Inc."

b. Athletic Council Section. -

(1) W.D. Cir No. 234, 2 Aug 1945, Sec IV, Par 17, "Athletic and Recreation Committee".

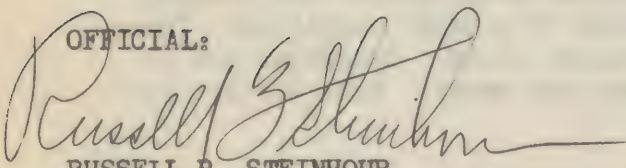
(2) S.O. 15, Par 6, CGH, 17 Jan 1945.

8. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

OFFICIAL:


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-905)

HR 40-905
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

SECURITY AND INTELLIGENCE DIVISION

	Paragraph
Scope	1
Functions	2
Reports	3
Authoritative References	4
Rescissions	5

1. SCOPE. - An officer is designated by special order to be chief of this division and to serve as Security and Intelligence Officer for this command.

2. FUNCTIONS. - This division is responsible for:

a. The efficiency and operation of an intelligence and counter intelligence organization as set up in accordance with classified directives from the Military Intelligence Department of Fifth Service Command. It is the responsibility of this branch to supervise all criminal investigations (investigations not of a purely military nature) and report to Fifth Service Command the progress and results thereof.

b. Official custody of Military Intelligence field files on all military personnel while assigned to this Post.

c. Cooperation with the Commanding Officer, Prisoner of War Camp, and act as liaison between Prisoners of War Commanding Officer and Commanding Officers of the hospital in matters pertaining to military intelligence.

3. REPORTS. - No scheduled reports.

4. AUTHORITATIVE REFERENCES. - TM 8-262, Feb 1945, Administration of Fixed Hospitals Zone of Interior.

5. RESCISSIOMS. - None.

BY ORDER OF COLONEL RUSSELL:

Russell B. Steinhouse

RUSSELL B. STEINHOUSE
Major, MAC
Adjutant

RUSSELL B. STEINHOUSE
Major, MAC
Adjutant

MILITARY POLICE & PRISON & CIVILIAN GUARDS

	Paragraphs
General	1
Duties	2
Civil Authorities	3
Hospital Guards	4
Guard Duties	5
Detain and Arrest	6
Reports Required	7
Weapons Checked	8
Guard Orders	9
Accidents	10
Traffic Regulations	11
Foot Traffic	12
Authoritative References	13
Rescissions	14

1. GENERAL - The Provost Marshal is charged with the duty of enforcing law and order and the enforcement of such other regulations as may be directed from time to time. He will note the state of discipline, conduct and morale among the enlisted members of the post; their observance of pass and uniform regulations.

2. DUTIES. - The Provost Marshal will be appointed by the Commanding Officer and is responsible to the Security and Intelligence Officer. Reports of delinquencies and infractions of regulations will be reported to the Commanding Officer together with recommended measures for correction. As Prison Officer, he is in charge of the guard detail, prisoners and the Guard House. He will be responsible for the proper functioning of the guard detail, the management of all prisoners committed to his charge and the administration of the Guard House. As Prison Officer, he will be governed by the provisions of AR 600-375, AR 600-355, Articles of War or such other instructions as may be issued by the Commanding Officer. The provisions of FM 26-5 (Interior Guard Duty) insofar as they apply in principle to the functions of the guard detail as organized at the hospital will be adhered to.

3. CIVIL AUTHORITIES. - Contact will be established and duties coordinated with the following civil authorities: The State Highway Patrol, Sheriff of Cuyahoga County, Cleveland and Parma City Police.

a. Summons for civil court action. - A subpoena or summons for civil court action for any personnel of this hospital will be served through the office of the Provost Marshal on approval of the Commanding Officer. A subpoena or summons presented outside of office hours, if not urgent, will be turned over to the Provost Marshal by the Administrative Officer of the Day when he goes off duty. If the summons is urgent and there is not suffi-

cient time before it becomes effective to hold it for the Provost Marshal, the AOS will use his judgement whether he will serve it on the person concerned immediately or hold it for the Provost Marshal. In case a summons is served by the AOS, he will notify the Provost Marshal. In case a summons is served by the AOS, he will notify the Provost Marshal's office of this fact, when he goes off duty. In connection with delivery of persons to civil authorities, attention is directed to Par. 5, AR 600-355.

b. Absent in hands of civil or military authorities. - When a report is received that a patient or member of this command is in the custody of military or civil authorities, he will be permitted to remain in such custody until a report of such matter has been made to the Provost Marshal and referred to the Commanding Officer. Upon receipt of orders, an armed guard will be sent to return the person being held in custody to this station. Military Police will be furnished on detached service as prisoner guards when prisoners are being transported.

4. HOSPITAL GUARD. - The Hospital Guard Force, hereafter referred to as the Guard, will consist of the Military Police Section, the Prisoner Guards and the Civilian Guard Force. The Guard will function under the AOS. When the AOD is acting in the place of the Provost Marshal, the established approval policy of the Provost Marshal will not be deviated from or changed.

5. GUARD DUTIES. - The Provost Marshal is responsible for initiating measures for the timely procurement of replacement for the Civilian Guard and Military Police Section and for efficient training and distribution of the personnel in such manner that will insure that full advantage is derived from the special qualifications of the individual. He will submit to the Commanding Officer as to the allocation and the assignment of personnel for duty in the guard and military police detail.

a. Military Police - Composition and Strength. - The Military Police Section will consist of a Provost Sergeant and such other personnel as deemed necessary to properly perform assigned duties.

b. Civilian Guard - Composition and Strength. - The Civilian Guard will consist of a Chief Guard and such other personnel as may be authorized.

- (1) The civilian guard will perform such duties as directed by the Provost Marshal including safety and security guard functions of the post. They will normally operate singly and not in pairs or groups.

c. Prisoner Guards. - Prisoner guards will be of such strength as to insure proper control, depending on the number of prisoners in confinement.

6. DETAIN AND ARREST. - Members of the Guard may arrest, detain or place in confinement all persons, military or civilian, found in the act of committing a felony or misdemeanor upon the post. Such persons, together with a full report of any violations of regulations, are then reported to the Provost Marshal for proper disposition.

a. Other Members of the Military. - All other members of the post, not members of the Guard, have the ordinary right and duty of civilians to assist in the maintenance of the peace. Therefore when a felony or a misdemeanor amounting to a breach of the peace is being committed, it is the right and duty of every member of the military service, as of every civilian, to assist in the arrest of the perpetrator, no matter what his status.

7. REPORTS REQUIRED. - The following statements and reports are required of persons authorized to confine. The person directing a prisoner's confinement will deliver, or cause to be delivered, to the guard, at the time of confinement, and order for confinement signed by himself, setting forth the crime or offense charged against the prisoner. A statement of name and organization of the prisoner and of the Articles of War under which he is held will usually be sufficient.

a. Valuables Checked. - The Administrative Officer of the Day will be notified of incoming prisoners, after hospital duty hours, and be present when the prisoner is searched to witness the receipt given him by the Sergeant of the Guard for his money and personal belongings.

b. Medical Examination. - The Medical Officer of the Day will be notified and will give the prisoner a preliminary physical examination to determine his physical status and to see that he is free from any contagious disease which would not permit him to be confined with other prisoners.

8. WEAPONS CHECKED. - The Administrative Officer of the Day will sign the guard report to the Adjutant upon completion of his tour of duty. A check of weapons assigned to the guard will be made by each A. O. D. during his tour of duty to verify the number of weapons assigned and the condition of the weapons, ammunition and equipment.

a. The Administrative Officers of the Day will keep the information desk or the telephone operator informed of his whereabouts at all times, where he may be called by the Guard.

9. GUARD ORDERS. - All guards, in addition to being familiar with their General Orders and those Special Orders pertaining to their assignment, will be familiar and comply with the following standing orders:

a. Present a neat and soldierly appearance at all times. Uniform, as prescribed by the Provost Marshal will be properly worn.

b. Be courteous but firm in the performance of their duties, and at no time will they direct profane, abusive or derisive language toward anyone with whom they may come into contact.

c. Prevent unauthorized persons or vehicles from entering the reservation.

d. Enforce all hospital traffic regulations within the limits of the post. They will carefully observe all persons and vehicles noted

by him on the reservation within the limits of the post and investigate when he has reasonable grounds to believe there is a violation of law or hospital regulations. They will report the license number of all vehicles violating the law or hospital regulations.

e. Place under arrest and hold anyone guilty of a serious violation of law or order and immediately notify the proper authority.

f. Be constantly on the alert for fire, prowlers, and any unusual or unauthorized occurrence or any disturbance of the peace or infraction of law and order. When an individual is acting in a suspicious manner, the guard will investigate his presence in the area. If not satisfied with the account given, the guard will place him under arrest and escort him to the Guard House for further questioning and disposition. When necessary to remove a disturber from a ward or department, the guard will take him out the nearest exit.

g. Do not permit the removal of Government property or equipment by unauthorized persons from the reservations or buildings thereon.

h. In case of fire the following routine will be adhered to:

- (1) One non-commissioned officer and two privates will go to the scene of the fire.
- (2) All work details will stop and prisoners taken back to the cell block for safekeeping.
- (3) All other guards will stand by and be ready to go to the scene of the fire in case of emergency.
- (4) All traffic, except fire-fighting vehicles and assigned ambulances, will be halted, until all clear signal is given. Fire-fighting vehicles and equipment will be given clear right-of-way on all roads.
- (5) Upon arrival at the fire, guards will establish a fire lane around the fire at the distance of about 50 paces, allowing no persons to enter this fire lane except authorized fire-fighting personnel engaged in fighting the fire, saving life or salvaging property.
- (6) The Administrative Officer of the Day will procure additional men required to control traffic and prevent spectators from interfering with fire-fighting operations.

10. ACCIDENTS. - All traffic accidents occurring on this post, and all traffic accidents off the post involving Government vehicles or Army personnel stationed on this post will be promptly reported to the Provost Marshal. Accidents occurring on the post will be investigated by the guard and report rendered to the Commanding Officer.

11. TRAFFIC REGULATIONS. - The following traffic regulations will be enforced on the post:

a. Speed Limits - The speed limit on all roads of this post for all vehicles is designated at twenty (20) miles per hour on open roads; on service roads in rear of quarters or barracks the speed limit is designated at fifteen (15) miles per hour. This speed will be materially reduced in congested areas. Speed will be reduced especially in rainy weather when passing pedestrians on the roads. All violations of traffic regulations will be reported to the Commanding Officer.

b. Any offender that has been reported for violating traffic regulations as many as two (2) times will be denied the privilege of operating his or her motor vehicle upon the reservation for such a period as the Post Commander may direct or such other disciplinary actions as may be directed.

c. All traffic signs will be obeyed.

d. Vehicles will be parked in prescribed parking areas only. No parking will be allowed on the post roads.

12. FOOT TRAFFIC. - Priority of roads is given to troops in formation and to pedestrians. Persons walking on roads will walk on the left side of the road, approaching traffic.

13. AUTHORITATIVE REFERENCES. -

a. AR 600-375, "Personnel, Prisoners, General Provisions."

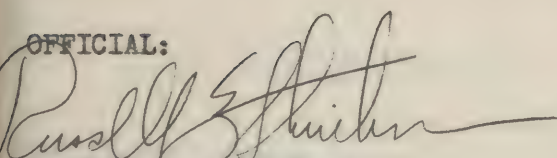
b. AR 600-355, "Personnel, Arrest and Confinement."

c. FM 26-5, "Interior Guard Duty."

14. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-1020)

HR 40-1020
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

PATIENTS ADMINISTRATIVE DIVISION

	Paragraph
Director.....	1
Organization.....	2
Registrar Branch.....	3
R & D Branch.....	4
Detachment of Patients Branch.....	5
Separation Counseling Branch.....	6
Patient Personnel Branch.....	7
Reports.....	8
Authoritative References.....	9
Rescissions.....	10

1. DIRECTOR. - The Registrar will be designated by special orders and will act as Director of the Patients Administrative Division. He will supervise and coordinate all activities of the division. He will advise the Commanding Officer on administrative matters in connection with patients.

2. ORGANIZATION. - The division will be composed of the following branches:

a. Registrar Branch. - HR 40-1120, HR 40-1025, HR 40-1030, HR 40-1040, HR 40-1060, HR 40-1070.

b. Receiving & Disposition Branch. - HR 40-1105, HR 40-1110, HR 40-1130, HR 40-1140.

c. Detachment of Patients Branch. - HR 40-1205, HR 40-1210, HR 40-1220, HR 40-1230, HR 40-1240, HR 40-1340.

d. Patients Personnel Branch. - HR 40-1305, HR 40-1310, HR 40-1320, HR 40-1330.

e. Separation Counseling Branch. - HR 40-1405.

3. REGISTRAR BRANCH. -

a. The office of the Registrar is custodian of all medical records except those of the out-patient service; checks clinical records for completeness; prepares and submits statistical tables, charts, records of the sick and wounded, and all reports pertaining to the sick and wounded. AR 40-590 and AR 40-1025.

- b. Coordinates and expedites CDD proceedings.
- c. Acts as custodian of patients' funds and valuables.
- d. Performs the duties of Recorder for Army Retirement Board.

4. R & D BRANCH. -

- a. Examines patients prior to admission for determination of type of hospitalization required; calls on chief of medical or surgical services for personnel when necessary.
- b. Assigns patients to proper wards.
- c. Prepares admission records, Consolidated Ward Morning Reports, and Admission and Disposition Sheets; keeps clinical records suspense file of absentee patients.
- d. Checks all patients arriving at or departing from hospital on admission, discharge, pass, leave and furlough.
- e. Operates central clearance section for all personnel.
- f. Supervises and coordinates the transportation of sick and wounded to and from the hospital.

5. DETACHMENT OF PATIENTS BRANCH. -

- a. Commands detachment of patients and prepares morning report.
- b. Acts as unit supply officer.
- c. Operates patients' baggage room.

6. SEPARATION COUNSELING BRANCH. -

- a. Prepares records of educational and occupational experience of all military personnel being separated from the service including a translation of military specialties into civilian skills.
- b. Furnishes counseling service to military personnel being separated from service consisting of a discussion of their future civilian activities and general methods of obtaining the end sought by the individual.
- c. Provides opportunities for soldiers being separated from service to discuss and receive advice on personal problems incident to separation from authorized civilian and government agencies such as USES, Veterans Administration, Red Cross, Civil Service, etc.

7. PATIENT PERSONNEL BRANCH. -

- a. Prepares orders pertaining to all patient military personnel.
- b. Maintains personnel records of patients.
- c. Maintains pay data cards; prepares payrolls; processes applications for pay deductions for patient personnel.
- d. Supervises maintenance of personnel records administered by the station complement.
- e. Classifies patient personnel as to their occupational skills and recommends proper assignment.

8. REPORTS. -

- a. Sick and Wounded Report submitted monthly within five days from end of report period. Report is submitted on WD AGO Form 8-28, original to The Surgeon General and one copy for file. Authority: AR 40-1025, 12 Dec 1944, Records and Reports of Sick and Wounded.
- b. Statistical Health Report submitted each Saturday. Report is submitted on WD AGO Form 8-122, original to the Surgeon General, one carbon to Fifth Service Command Surgeon, and one copy for file. Authority: AR 40-1080, 28 Aug 1945, Medical Department current statistical health reports, tables and charts.
- c. Report on Beds submitted Monday following last Friday of month. Report is submitted on WD AGO 8-190, Original and two carbons to Commanding General, Fifth Service Command, one copy for file. Authority: ASF Cir 68, 26 Feb 1945, HOSPITAL - Report on Beds, Patients, and Personnel in Hospital.
- d. Bed Report submitted daily. Report is submitted by telegram to The Surgeon General, copy to Headquarters, CGH, and copy for file. Authority: SGO Letter, 31 Mar 1944, Daily Bed Report (Control approval symbol No MCH-56).
- e. Morning Report submitted daily. Report is submitted on WD AGO Form 1, original to Commanding General, Fifth Service Command, one copy to Headquarters, SCH, one copy for file. Authority: AR 345-400, 3 Jan 1945, Morning Reports.
- f. Veterans Report submitted monthly before 10th day of month. Report submitted on forms reproduced locally, original and one copy to the Surgeon General, one copy for file. Authority: Letter SGO, 14 Nov 1945, SUBJECT: Supply of Plastic Eyes to Veterans.

g. Venereal Disease Report submitted monthly before 10th day of month. Report submitted on forms reproduced locally, original to Service Command Surgeon, four copies (all signed) to Hospital Inspector, one copy for file.

h. Ration Return submitted monthly before 5th day of month. Report submitted on QMC Form 460, original to Commissary Officer, one copy to Mess Officer, one copy for file. Authority: AR 30-2210, 15 Mar 1940, Rations.

i. USECC Report submitted monthly before 10th of month. Report submitted on WD AGO Form R-5057, original and one copy to The Surgeon General, one copy for file. Authority: WD Cir 175, 12 Jun 1945, Hospitalization and Medical Care of Beneficiaries under the United States Employees' Compensation Act in War Department Facilities.

j. Out-Patient Report submitted monthly before the 10th of the month. Submitted on WD AGO Form R-5-58, original and one copy to The Surgeon General, one copy for file. Authority: WD Cir 175, 12 Jun 1945, Hospitalization and Medical Care of Beneficiaries under the United States Employees' Compensation Act in War Department Facilities.

9. AUTHORITATIVE REFERENCES. -

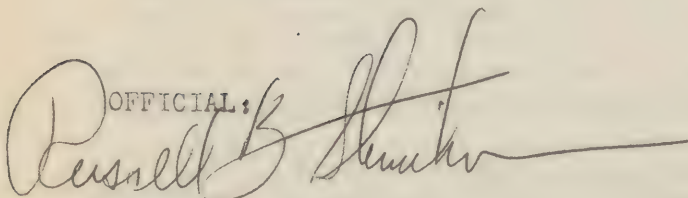
a. AR 40-590, 29 Aug 1944, Administration of Hospitals.

b. AR 40-1025, 12 Dec 1944, Records and Reports of Sick and wounded.

c. TM 8-262, Feb 1945, Administration of Fixed Hospitals Zone of Interior.

10. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON;

OFFICIAL: 

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

REGISTRAR BRANCH.- RECORDS & REPORT OF S & W

	Paragraph
General Provisions	1
Vital Records Section	2
Patients' Fund Section	3
Correspondence	4
Reports	5
Authoritative References	6
Rescissions	7

1. GENERAL PROVISIONS. - The registrar will have charge of all medical, surgical, and clinical indices of the hospital. He will see that careful and accurate clinical histories, statistical tables and charts, and all prescribed sick and wounded reports are kept. He will prepare and transmit to higher headquarters all reports and returns pertaining to the sick and wounded. He will carry out for the commanding officer all duties imposed upon commanders of posts, camps, and stations by AR 600-550, relating to deaths, except such duties as are assigned to the personnel division. The registrar will, if the commanding officer does not assume direct command or order otherwise, command the detachment of patients and will have charge of all records, accounts, reports, and returns pertaining thereto. He will be custodian of the patients' fund and will be held accountable and responsible for all money and valuables deposited therein by patients in the hospital

2 VITAL RECORDS SECTION. -

a. General. - This section shall prepare for transmittal to other military headquarters, to civil authorities, or for permanent filing, all records, reports, and returns pertaining to the sick and wounded, births, and deaths, special records and reports required by the Veterans Administration, and special records and reports required in cases of discharge of enlisted men for disability.

b. Sick and Wounded Subsection. -

(1) A report of sick and wounded will be prepared and rendered monthly by the Sick and Wounded Section (AR 40-1025) and will cover the period from midnight of the last Friday of the preceding month to midnight of the last Friday of the current month. It will be prepared and submitted within five days from the last day of the report period. The purpose of this report is to provide information on the mean strength of command and organizations attached to the command; to serve as a transmittal sheet for the individual medical records of completed cases; and to provide The Surgeon General with information on out-patient service furnished during the period of the report. It

will consist of Report Sheet of Sick and Wounded (WD AGO Form 8-23) and original copies of individual medical records (WD AGO Form 8-24) of all cases completed during the period for which report is rendered. "Remaining Cards" will be prepared on all cases in hospital on last Friday of February who were admitted prior to 1 January of the current year. "Remaining Cards" will be submitted annually with the Sick and Wounded Report of the month of February.

(2) A Statistical Health Report (WD, MD Form 8-122) will be submitted weekly (each Saturday) by every hospital and separate dispensary to provide higher authorities with current information on the health and hospitalization of the Army. Original of Form 8-122 is forwarded The Surgeon General, a copy to Fifth Service Command Surgeon. Form 8-122 is divided into the following sections:

- Mean strength
- Admissions, dispositions, and total number of Army patients under treatment
- Army neuropsychiatric cases
- Patients occupying beds
- Days lost by Army patients
- Days lost by Army patients due to venereal diseases
- Hospitalization data
- Miscellaneous
- Reportable conditions
- "New" venereal diseases admitted

(3) The Sick and Wounded Section will be responsible for forwarding all syphilitic registers, birth certificates, and such correspondence to transferring surgeons of other commands as required by AR 40-1025.

c. Filing Room Subsection. - This subsection shall prepare and maintain all permanent files and indices required by Army Regulations to be kept by the registrar. The subsection shall prepare clinical record folders for all patients admitted to hospital, verifying any previous admissions and, in the event of previous admissions, entering the previous register numbers as required by AR 40-1025, and shall maintain current locator indices for all records released to wards or other departments of the hospital.

d. CDD and Retirement Subsection. - This subsection shall prepare records required by directives of higher authority for forwarding to Veterans Administration offices in each case of an enlisted man who is discharged from the Army on certificate of disability or retirement for disability at this hospital, and in each case of an officer relieved from active duty or retired at this hospital because of physical disability.

3. PATIENTS' FUND SECTION. - This section shall be the personal responsibility of the registrar. Each patient will be informed by the admitting officer that the hospital will receive for safekeeping his money and valuables, including jewelry, personal papers and keepsakes, and that receipts will be given for such articles by the registrar. In the case of an unconscious or insane patient, such articles will be removed from the patient's person after careful search by the admitting officer in the presence of a witness and the receipt will be kept for the patient by the ward officer. Money and valuables received by the registrar shall be accounted for under the provisions of AR 40-590 and TM 8-262, Chap V, and the patients' fund shall be audited monthly by a disinterested commissioned officer detailed to this duty by the commanding officer. Any interest or other earnings accruing to the patients' fund shall be remitted quarterly to the hospital fund, and all patients making deposits in the patients' fund shall be required to sign an agreement to this disposition of earnings.

4. CORRESPONDENCE. - For the purpose of this paragraph, correspondence shall be construed to include also telegraphic, radio, and long distance telephone communications. All correspondence reaching this hospital pertaining to the physical condition of patients shall be sent to the registrar for acknowledgment and reply. All correspondence from this hospital or any ward thereof giving or seeking information concerning the physical condition of patients shall be transmitted through the registrar, except that requests to or from this hospital for x-ray films will be transmitted through the chief of x-ray service. Those cases suffering from a mental disease will be replied to by the chief of neuropsychiatric section. Correspondence other than from duty officers of this hospital received personally by an officer, enlisted man or civilian employee at this hospital concerning the physical or mental condition of a patient, shall be submitted to the registrar for preparation of reply. The registrar shall, in turn, obtain the necessary data for reply from the appropriate ward officer or chief of service and prepare the reply for signature by such officer as the commanding officer may designate. Upon notification by the ward officer that a patient is seriously ill, the registrar shall immediately notify the emergency addressee for the commanding officer. The registrar shall prepare for the commanding officer all correspondence, including letters of sympathy, required by AR 600-550, in cases of deaths of patients.

5. REPORTS.-

a. Report of Sick and Wounded submitted monthly within five days following end of report period. Submitted on WD AGO Form 8-23, original to The Surgeon General, copy for file. Authority: AR 40-1025.

b. Statistical Health Report submitted weekly (Saturday). Submitted on WD AGO Form 8-122, original to The Surgeon General, one copy to Fifth Service Command Surgeon, one copy for file. Authority: AR 40-1025.

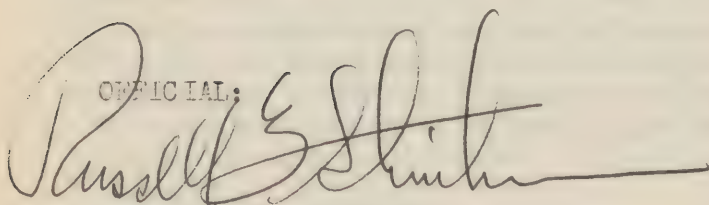
6. AUTHORITATIVE REFERENCES. -

- a. AR 600-550, 23 Dec 1944, Deceased.
- b. AR 40-590, 29 Aug 1944, Administration of Hospitals
- c. AR 40-1025, 12 Dec 1944, Records and Reports of Sick and Wounded.
- d. AR 40-1080, 28 Aug 1945, Medical Department Current Statistical Health Reports, Tables and Charts.
- e. AR 40-1010, 16 Oct 43, Dental Reports, Returns and Records.
- f. TM 8-262, February 1945, Administration of fixed Hospitals, Zone of Interior, Chapt II and V.
- g. TM 12-245, 1 Oct 1945, Physical Reclassification, Retirement and Retirement Benefits for Officers.
- h. TM 12-235, January 1945, Discharge and Release from Active Duty (Other than at Separation Centers)
- i. TM 12-238, January 1945, Enlisted Personnel Retirement.
- j. WD Pamphlet 12-24, 1945, Filing Subsection.
- k. TB MED 203, 19 Oct 1945, Nomenclature and Method of Recording Diagnoses.

7. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOURL
Major, MAC
Adjutant

RUSSELL B. STEINHOURL
Major, MAC
Adjutant

CLINICAL RECORDS

	Paragraph
General Provisions and Regulations	1
Initiation of Clinical Record	2
Component Parts of the Clinical Record	3
Preparation of Clinical Record	4
Arrangement, Preparation, and Maintenance of Clinical Records ...	5
Method of Use of Certain Component Parts of Clinical Record	6
Final Disposition	7
Prescribed Clinical Forms	8
Reports	9
Authoritative References	10
Rescissions	11

1. GENERAL PROVISIONS AND REGULATIONS. - The clinical records of patients are permanent military records. The general procedure governing clinical records of patients in hospital and their use in the preparation of the Report of Sick and Wounded are prescribed.

2. INITIATION OF CLINICAL RECORD. - Clinical Record Brief, (MD 55A), will be prepared in the R & D Office and initialed by the admitting officer. The admission diagnosis, when known, will be entered on the progress note made at time of admission. The progress form will accompany the patient to the ward. The MD Form 55A will be delivered to the ward by messenger. Locator cards will be made in accordance with Chapter II, TM 8-262 and as many as necessity demands.

3. COMPONENT PARTS OF THE CLINICAL RECORD. - The component parts of the clinical record are selected from the following group of blank forms:

Forms MD No 55A to 8-90, inclusive, and such other forms as may be prescribed from time to time.

Forms MD No 55A (Clinical Record--Brief), 55B (Chief Complaint, Condition on Admission, Previous Personal History), Form 8-37 (Physical Examination), Form 8-38 (Special Examination or Additional Data), Form 8-39 (Initial Summary, Working Diagnosis, Contemplated Laboratory Tests, and Consultations), Form 8-51 (Progress Notes), and Form 8-56 (Temperature, Treatment, Nurses' Notes) are basic forms and will be included in every clinical record, except when abbreviated clinical record is used.

4. PREPARATION OF CLINICAL RECORD. -

a. As soon as practicable after a patient arrives on the ward a complete physical examination will be made. Signature and rank of the examining officer will be required on MD Form 55A and WD AGO Form 8-36, following the initial progress note and the final summary. All other sheets 8-36 (reverse side) to 8-51 will require initials, as will each interim progress note. In all cases an officer making his first entries in the clinical record will sign his name and rank. Any subsequent entries may be initialed.

b. In cases of officers, members of the Army Nurse Corps, warrant officers, and enlisted men admitted with a diagnosis of alcoholism or injury, a definite statement will be made by the first medical officer examining the case, on MD Form 8-36 under "General appearance and condition on admission" as to the state of sobriety of the patient at time of admission to hospital.

5. ARRANGEMENT, PREPARATION, AND MAINTENANCE OF CLINICAL RECORDS. -

a. The component parts of the clinical record will be constantly maintained in the chart holder (Item No. 70604), which will ordinarily be kept in the ward officer's office on the ward to which the patient is assigned. These records or any of the components thereof will not be entrusted to the patient for delivery from one department or ward to another. Patients will not be permitted to peruse their clinical records

b. The component parts of the clinical record will be arranged on the chart holder in the order indicated below. Ward officers may authorize certain forms, such as MD Form 8-56 (Temperature, Treatment, Nurse's notes); MD Form 8-57 (Temperature Graphic Chart); MD Form 8-58 (Graphic Chart), to be kept by the nurse in her office

<u>Form Number</u>	<u>Form Title</u>
MD 55A	Clinical Record--Brief
8-34	Abbreviated Clinical Record
8-36	Chief Complaint, Condition on Admission, Previous Personal History
8-37	Physical Examination
8-38	Special Examination or Additional Data
8-39	Initial Summary, Working Diagnosis, Contemplated Laboratory Tests, and Consultations
8-51	Progress Notes
8-56	Temperature, Treatment, Nurse's Notes
8-57	Temperature Graphic Chart
8-84	Preoperative Examination and Anesthetic Record
8-85	Operation Report
8-40	Consultation Request and Report
8-41	Ophthalmologic Examination
8-42	Ear, Nose and Throat Examination

MD 8-43	Dental Examination
8-45	Proctoscopic Examination
8-46	Urologic Examination
8-47	Gynecologic Examination
8-48	Allergy Examination
8-54	Treatment
8-55	Diabetic Record
8-58	Graphic Chart
8-61	Electrocardiographic Report
8-62	Radiologic Record
8-63	Radiologic Report
8-64	Record of Roentgen Therapy
8-65	Record of Radium Therapy
8-66	Laboratory Reports
8-82	Pathological Examination of Tissue
8-83	Physiotherapy Record
8-87	Fracture Record
8-88	Prenatal Record
8-89	Labor Record
8-90	Neonatal Record

Such other forms as may be prescribed.

6. METHOD OF USE OF CERTAIN COMPONENT PARTS OF THE CLINICAL RECORD. -

a. The following forms are combined requests for and reports of laboratory examinations. They will be prepared in duplicate and sent to the laboratory concerned. Upon completion of examination requested, appropriate entries will be made. The original form will be returned by the laboratory to the officer or ward from which it emanated and the other retained in the laboratory.

8-67	Blood
8-68	Blood (Chemistry)
8-69	Serology
8-70	Spinal Fluid
8-71	Urinalysis
8-72	Urinalysis (Quantitative)
8-73	Sputum
8-74	Gastric Analysis
8-75	Feces
8-76	Carbohydrate Tolerance
8-80	Renal Function (Conc. or Dil.)
8-78	Renal Function (P.S.P.)
8-79	Renal Function (Urea Clearance)
8-77	Basal Metabolism
8-81	Miscellaneous

The completed forms when received from the laboratory will be pasted in chronological sequence in the space provided for that purpose on M.D. 8-66.

b. The following forms are combined requests for and reports of special examinations. They will be prepared in duplicate and sent with the patient to the clinic or specialist concerned. Upon completion of the examination requested, appropriate entries will be made and the original form returned to the officer or ward from which it emanated for file with the patient's clinical record:

8-40	Consultation Request
8-41	Ophthalmologic Examination
8-42	Ear, Nose and Throat Examination
8-43	Dental Examination
8-45	Proctoscopic Examination
8-46	Urologic Examination
8-47	Gynecologic Examination
8-48	Allergy Examination
8-61	Electrocardiographic Report

All military patients admitted to this hospital will have Dental Examination Form 8-43 accomplished before being discharged unless hospitalization would be prolonged while waiting for such action.

c. Form MD 8-63 (Radiologic Report) is a combined request for and report of radiological examination. This form will be prepared in duplicate and sent with the patient to the x-ray laboratory. Upon completion of the examination requested, appropriate entries will be made. The original form will be returned by the x-ray laboratory to the officer or ward from which it emanated for file with the patient's clinical record and the other retained in the laboratory.

d. The following forms constitute a record of roentgen therapy and radium therapy respectively (MD 8-64), Record of Roentgen Therapy and (MD 8-65), Record of Radium Therapy. A single copy of these forms will be prepared and sent to the x-ray laboratory with the patient. The Chief of x-ray section will cause the necessary treatment to be instituted and a record thereof entered in the appropriate spaces on the forms. These forms will be retained in the office of the Chief of the x-ray section until treatment is completed when they will be authenticated by the signature of the officer administering the treatment and then transmitted to the officer or ward from which they emanated for file with the patient's clinical record.

e. Form MD 8-82, (Report of Pathological Examination of Tissue), is a combined request for and report of pathological examination of tissue. This form will be prepared in duplicate and sent to the clinical laboratory with a specimen of tissue to be examined. Upon completion of the examination requested, appropriate entries will be made. The original form will be returned by the laboratory to the officer or ward from which it emanated and the other retained in the laboratory. It is absolutely necessary that the surgeon give the pathologist sufficient history and clinical data for an intelligent examination of tissue.

f. Form MD 8-83, is a combined request for and record of physiotherapy treatment. A single copy of this form will be prepared and sent to the Chief of the Physiotherapy Section. The Chief of the Section will cause the necessary treatment to be instituted and a record thereof entered in the appropriate space on the form. This form will be retained in the office of the Chief of Physiotherapy Section until treatment is completed when it will be authenticated by the signature of the officer administering the treatment and returned to the officer or ward from which it emanated for file with the patient's clinical record.

g. Form MD 8-84, (Preoperative Examination and Anesthetic Record). One copy of this form will be prepared by the ward officer and sent to the Anesthesia and Operating Section with the patient. Upon completion of the operation, the form will be completed by appropriate entries and returned to the officer or ward from which it emanated for file with the patient's clinical record. No patient will be submitted to operation until this form has been received by the Chief of Anesthesia and Operating Section and he has satisfied himself by scrutinizing the entries thereon that the patient's condition is such as to warrant the operative procedure contemplated.

h. Form MD 8-85, (Report of Operation). This form will be completed in duplicate by the Chief of the Anesthesia and Operating Section in the case of every patient subjected to surgical operation. Upon completion of the operation, the original form will be transmitted to the officer or ward from which it emanated for file with the patient's clinical record and the copy will be retained in the Office of the Chief of Anesthesia and Operating Section.

i. Form MD 8-87, (Record of Fracture). One copy of this form will be prepared by the ward officer for each case of fracture under treatment and filed with the patient's clinical record.

j. Form 8-51, (Progress Notes). The first progress note will include the impression and tentative diagnosis of the ward officer or the attending surgeon after examination of the case and include a list of proposed laboratory or diagnostic procedures. Progress notes will be made in all cases when they are indicated and at intervals of not greater than ten days. Each progress note will be headed by the ward number and date and will be signed or initialed by the officer making it. The final progress note will be made within a period of twenty-four hours prior to discharge from the hospital and may be recorded on the back of Form MD 8-39. It will include a brief summary of the whole case.

k. Other forms shown in Paragraph 5b, above, such as MD 8-55, (Diabetic Record), MD 8-88 (Prenatal Record), MD 8-89 (Labor Record), MD 8-90 (Neonatal Record), MD 8-56 (Temperature, Treatment, Nurse's Notes), MD 8-57 (Temperature Graphic Chart), one copy of each form will be prepared and included in the clinical record of every patient to which they pertain.

1. Other forms, listed below in subparagraphs and other papers pertaining to the record, while not an intimate part of it, will be kept with the record, and when the patient has been disposed of, all such forms will be attached to the clinical record.

(1) Request for Transfer of Patients, will be made in accordance with TM 8-262, Chapter IV, and HR 40-1140

(2) Death notice, WD AGO Form 52-9, (Hospital Report of Death), single copy, will be made by the ward officer or Professional Officer of the Day of the Service concerned. During office hours it will be sent immediately to the Registrar. After office hours it will be sent immediately to the Administrative Officer of the Day.

(3) Seriously Ill Notice, (V7PQ-9-25), (Report of Seriously Ill Patient), will be made and sent immediately to the Registrar's office. The diagnosis in brief will be written on the form.

(4) Removal from Seriously Ill List, (V7PQ-11-25), single copy, will be prepared and sent immediately to the Registrar's Office.

7. FINAL DISPOSITION. -

a. When a patient is ready for disposition, the component parts of the clinical record will be removed from the chart holder (Item No 70604), assembled in the order prescribed in Paragraph 5b, above, and fastened together. Form MD 55A will then be completed with the following entries:

(1) Final diagnosis. - This will be made to conform to AR 40-1025. The ward officer may elaborate his diagnosis but it will start in conformity with the above mentioned Army Regulation and TB MED 203.

(2) The LINE OF DUTY of each diagnosis will be stated separately. In the case of patients who have been received by a formal transfer and the present diagnosis is not completely concurred in, a statement, "Diagnosis on transfer card not concurred in", or "Diagnosis on transfer card partly concurred in", will be made.

(3) The completed form will be signed by the ward officer.

(4) All Clinical Records will be accompanied by a Disposition Slip, CGH 6.

b. When the above has been accomplished, the completed clinical record in the folder will then be sent to the Chief of the Service concerned who will cause a close examination to be made thereof.

If the record is found in good order and is approved, steps will be immediately taken to affect the disposition of the patient as prescribed in Hospital Regulations.

8. ABBREVIATED CLINICAL RECORDS. -

a. The MD 55A-1, Abbreviated Clinical Record, will be strictly limited to cases admitted to the hospital for trivial injuries or illnesses of mild nature which obviously will necessitate their hospitalization for only a few days and which are of such a nature that a very brief clinical record will fulfill all needs. (MD Cir Letter No 17).

b. This form will be used only for cases where it is thought that less than seven (7) days hospitalization will be required. If for any reason a patient's stay is prolonged or any complications arise, a standard clinical record will be completed.

c. More than one MD Form 55A-1 will not be used.

9. REPORTS. - None.

10. AUTHORITATIVE REFERENCES. -

a. AR 40-1010, 16 Oct 43, Dental Reports, Returns, and Records.

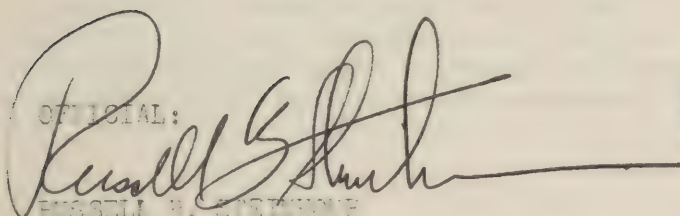
b. SCO Cir Letter No 17, 13 Jan 43, Abbreviated Clinical Records

c. TM 8-262, Feb 45, Administration of Fixed Hospitals Zone of Interior, Chapt II, Sec II, III, IV, V, VI, VII

d. TB MED 203, 19 Oct 45, Nomenclature and Method of Recording Diagnoses.

11. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

 RUSSELL P. STEINHOUR
 Major, MAC
 Adjutant

RUSSELL P. STEINHOUR
 Major, MAC
 Adjutant

HOSPITAL REGULATIONS)
NO. 40-1040)

HR 40-1040
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

LINE OF DUTY STATUS OF DISEASES AND INJURIES -

DISEASES AND INJURIES DUE TO PATIENTS OWN MISCONDUCT

	Paragraph
Basic Provisions for Determining Line of Duty.....	1
Injuries.....	2
Procedure to Obtain Line of Duty Investigation for Zone of Interior.....	3
Procedure to obtain Line of Duty Investigation for Overseas Returnees.....	4
Death Due to Violence, Misconduct or Gross Negligence.....	5
Reports.....	6
Authoritative References.....	7
Rescissions.....	8

1. BASIC PROVISIONS FOR DETERMINING LINE OF DUTY. - A disease or injury that a militarized person contracts or sustains while in the active military service of the United States will be presumed to have been incurred in line of duty, unless there is substantial evidence to show that such disease or injury occurred under the following circumstances. (AR 40-1025).

a. Occurred under circumstances indicating the presence of the individual's misconduct or willful neglect and unless it is established by a fair preponderance of evidence that such misconduct or willful neglect was the proximate cause of the disease or injury.

b. Occurred while the individual was absent from duty without official permission.

c. Occurred as the result of the individual's outside activities, not of a class authorized or encouraged by the War Department.

d. Existed prior to the individual's current active service, and was not aggravated by the service.

2. INJURIES. -

a. In every case of injury, where line of duty is in doubt, the organization commander will immediately take steps to determine the line of duty from all available evidence. The unsubstantiated statement of the individual concerned will not be considered as conclusive evidence of the true circumstances. When injuries are incurred

under circumstances listed below or when requested by the surgeon of a medical installation, the organization or detachment commander will request that an investigating officer be appointed to investigate the injuries and determine and record the line of duty status on WD AGO Form No 51 (Report of Investigation). AR 345-415.

(1) Every case of injury that occurs off the post will be investigated.

(2) Injuries incurred on the post or while the individual is off the post with his proper command will be investigated when incurred under circumstances that indicate misconduct, willful neglect, or gross negligence.

b. The following injuries will not be investigated:

(1) Battle casualties incurred as a direct result of enemy action.

(2) Injuries received while operating or riding in Government vehicles or airplanes, and injuries received while on maneuvers, during authorized athletic exercises, or otherwise while engaged in the execution of military duty (provided misconduct or gross negligence is not a contributory factor).

3. PROCEDURE TO OBTAIN LINE OF DUTY INVESTIGATION FOR ZONE OF INTERIOR. -

a. If a ward officer believes a case on his ward requires the action of an investigation officer, he will report the facts with his recommendation to the registrar on the prescribed Medical Officer's Certificate (3 copies) - local form. This should be done by the ward officer as soon as possible after the patient has been admitted and a physical examination has been completed. Upon receipt of the report of the ward officer by the registrar, the latter will request the Commanding Officer to refer the case to an investigating officer.

b. Upon receipt of the approved findings of an investigating officer, the registrar will cause the necessary entries to be made on the records of the soldier and furnish the ward officer the findings of the report. The ward officer will make the necessary entries on the clinical record.

4. PROCEDURE TO OBTAIN LINE OF DUTY INVESTIGATION FOR OVERSEAS RETURNEES. - When a patient is received from overseas suffering from injuries wherein the circumstances connected with the incurrence of such injuries are not clearly indicated, and the line of duty and misconduct status is shown as unknown or undetermined, a Medical

Officer's Certificate (3 copies) will be submitted by the ward officer to the registrar who will send a wire to the Adjutant General for an extract of approved findings of the investigating officer, if available. The designation of the unit of which soldier was a member at time of injury will be stated. In the event The Adjutant General advises that a Report of Investigation is not on record, the Medical Certificate and report from TAGO will be forwarded the Commanding Officer with a request that an Investigating Officer be appointed. Correspondence will be initiated immediately to the organization with which the individual was serving at time of injury, requesting all available evidence. The current APO of patient's former organization will be obtained from TAGO. Report of Investigation will be retained at hospital of origin until completed regardless of disposition made of patient.

5. DEATH DUE TO VIOLENCE, MISCONDUCT OR GROSS NEGLIGENCE. - In accordance with the provisions of Par 18a, AR 600-550, C2 and C3, a board of officers will be required in every case where death is due, or is suspected to be due, to foul play, violent or unnatural causes, except death from wounds or injuries received in action, field exercises, drill, prescribed athletics or authorized flights.

6. REPORTS. - None.

7. AUTHORITATIVE REFERENCES. -

a. AR 40-1025, 12 Dec 1944, Records and Reports of Sick and Wounded.

b. AR 345-415, 14 Aug 1945, Daily Sick Report.

c. AR 600-550, 23 Dec 1944, Deceased.

d. TM 12-240, Jan 1945, Deceased Personnel Within the Continental United States, Excluding Alaska.

e. Cir Letter 480, 5th SvC, 14 Sep 1945, Line of Duty Status of Overseas Injuries.

8. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

RUSSELL P. STEINHOUE

Major, MAC
Adjutant

RUSSELL P. STEINHOUE
Major, MAC
Adjutant

SERIOUSLY ILL PATIENTS

	Paragraph
Action by Ward Officer	1
Action by Registrar	2
Action by Administrative Officer of the Day	3
Lists of Seriously Ill	4
Disposition of Money and Valuables	5
Procedure When a Seriously Ill Patient is Transferred to Another Ward	6
Procedure When Seriously Ill Condition of Patient Ceases	7
Reports	8
Authoritative References	9
Rescissions	10

1. ACTION BY WARD OFFICER. - In every case when recovery from illness or operation is not expected or is considered doubtful, the ward officer in charge of the case will enter the patient's name on the ward list of seriously ill, and then prepare and sign one copy of the "Report of Seriously Ill" (V7PC-9-25), the data thereon to be complete in every detail as indicated on the form. Particular attention will be given to that portion of the form which has reference to the name, relationship and address of the person to be notified in case of emergency. Upon accomplishment of the form, it will be distributed immediately to the registrar (or the administrative officer of the day if after office hours). In acutely developing and grave cases, notice of seriously ill patients will be accomplished by telephone to the registrar and chaplain, followed by rendition of the usual written reports. Should the nearest relatives or friends of a seriously ill patient visit the ward, their local address and telephone number will be secured and this information immediately transmitted to the Information Office.

2. ACTION BY REGISTRAR. - Upon receipt of report of seriously ill case, the registrar will immediately take such action toward notifying the relatives or friends of the patient as may be indicated, and will immediately notify the appropriate chaplain. The registrar will notify the receiving and disposition officer and the information office in order that the reported case may be added to the list of seriously ill maintained in those offices. The registrar will file the report, together with a copy of the telegram or letter of notification, in the patient's permanent record.

3. ACTION BY ADMINISTRATIVE OFFICER OF THE DAY. - In the event the report of a seriously ill case is received by the administrative officer of the day after office hours, he will take such steps toward notifying the appropriate chaplain and the relatives and friends of the patient as indicated for the registrar in paragraph two (2). He

will also notify without delay the Receiving and Disposition office and Information office of the details of the action taken. He will deliver the Report of Seriously Ill and a copy of telegram of notification to the registrar's office the following morning.

4. LISTS OF SERIOUSLY ILL--WHERE MAINTAINED. -

a. A list of seriously ill will be maintained in the following offices:

- (1) Office of the Commanding Officer.
- (2) Office of R & D Officer.
- (3) American Red Cross.
- (4) Chiefs of Services.

b. The lists maintained in the office of the R & D officer, registrar's office, will carry the name of all patients who have been reported seriously ill until such time as Report of Removal from Seriously Ill List is received.

c. Ward officers will keep a list of all patients in their wards who have been reported seriously ill. The list will be conspicuously displayed at all times on the nurse's desk and checked daily by the ward officer to see that it is kept up to date and that the names of those patients who are no longer seriously ill have been removed from the list and that they have been reported as prescribed in paragraph 7 below.

5. DISPOSITION OF MONEY AND VALUABLES. - If a patient who is being put on the seriously ill list has in his possession any money or valuables, he will be tactfully urged by the responsible medical officer to either turn them over to any relative who may be present or to the custodian of patients' funds and valuables. He should be warned that unless such action is taken the hospital will not assume responsibility for any loss sustained. If any money or valuables are turned over to relatives by the patient, a note to that effect will be made on the clinical record and certified to by the ward officer and nurse. In the event the patient elects to deposit his money and valuables they will be receipted for by the ward officer on the appropriate WD AGO Form 8-178 and will be turned over by him to the custodian of patients' funds and valuables.

6. PROCEDURE WHEN A SERIOUSLY ILL PATIENT IS TRANSFERRED TO ANOTHER WARD. - When a patient carried on the seriously ill list is transferred to another ward, the transferring officer will remove the patient's name from the list maintained in his ward and make the following notation in a conspicuous place on the face of the ward transfer form which accompanies the patient: "Patient on Seriously Ill List." The ward officer of the ward to which the patient is trans-

ferred will place the patient's name on the seriously ill list of that ward as soon as possible after the transfer is completed.

7. PROCEDURE WHEN SERIOUSLY ILL CONDITION OF PATIENT CEASES. -

When a patient who has been reported seriously ill is considered out of danger, the ward officer in charge of the case will remove his name from the list of seriously ill maintained in the ward office and will then prepare and sign the Report of Removal from Seriously Ill List (V7PQ-11-25) and distribute to the registrar. Upon receipt of the form, the registrar will immediately remove the name of the patient from the seriously ill list maintained in his office, take the necessary steps to see that the name is removed from the lists maintained in the office of the Commanding Officer, information and receiving and disposition office, and take such action towards notifying the relatives or friends of the patient as may be indicated.

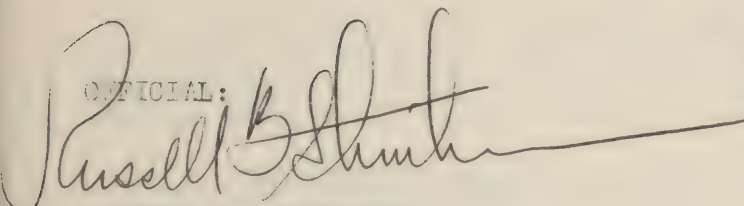
8. REPORTS. - None.

9. AUTHORITATIVE REFERENCES. - AR 40-590, 29 Aug 1944, Administration of Hospitals, General Provisions.

10. RESCISSIOMS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL D. STEINHOOR
Major, MAC
Adjutant

RUSSELL D. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-1060)

HR 40-1060
GRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

DEATHS

	Paragraph
Administration and Clerical Jurisdiction.....	1
Notification of Approaching Death.....	2
Procedure on Death of Patient.....	3
Death Report.....	4
Action by Administrative Officer of the Day.....	5
Action by Registrar.....	6
Responsibility of Chief of Laboratory Service.....	7
Post Mortems.....	8
Effects of Deceased Patients.....	9
Reports.....	10
Authoritative References.....	11
Rescissions.....	12

1. ADMINISTRATIVE AND CLERICAL JURISDICTION. - The Registrar will exercise administrative and clerical jurisdiction over all details in connection with deaths which occur at this hospital. This duty will include the preparation and rendition of the necessary certificate, routine reports and records incident thereto. The Registrar will notify the Quartermaster, who will make necessary arrangement with relatives for the prompt and satisfactory disposal of remains. HR 30-50.

2. NOTIFICATION OF APPROACHING DEATH. - In case of approaching death, the nurse in charge, upon orders of Ward Officer or Professional officer of the day, will notify the Information Desk, who in turn will notify the Chaplain and the Registrar.

3. PROCEDURE ON DEATH OF PATIENT. - The body will not be removed from the ward until death has been pronounced by a medical officer. Before removal of remains from the ward, three "Death Tags", Form CGH 41-7, properly prepared and signed by the medical officer in attendance at the time of death, will be securely tied; one to the right toe and one to the right wrist of the cadaver. Immediately after a medical officer has pronounced a patient dead, complete or extensive partial dentures will be placed in position in the mouth and the mouth closed; the body thoroughly washed, and the eyes closed by using a thin wisp of cotton inserted beneath the lower lid and extending up onto the cornea, the upper lid then being closed over it. The rectum will be plugged by a wad of cotton approximately one inch in diameter. A piece of gauze will be tied about the penis to prevent leakage of urine. No material will be inserted in the mouth, nose or ears, and no bandages applied to support

the jaw. Surgical dressings will be left in place unless they are saturated with discharge, in which event they will be removed and clean dressings applied. The body will then be completely but loosely wrapped in clean sheets and the third tag affixed thereto. Upon the completion of the above, the body will be removed from the ward on the litter for transportation, and will be so draped with blankets as to conceal the fact that there is a corpse on the litter, and give the impression that a patient is being transported.

4. DEATH REPORT. - Immediately upon death of a patient, the medical officer in attendance will prepare and sign one copy of the Hospital Report of Death; WD AGO Form 52-9, the data thereon to be complete in every detail, as indicated on the form (spaces 1 to 18 inclusive). The cause of death and the contributory cause thereof will be determined by the medical officer in attendance from the data immediately available, insofar as possible, and entered on the form, but in no case will accomplishment of the "Hospital Report of Death" be delayed for lack of definite information as to cause of death. Upon accomplishment of the form, the medical officer in attendance will be responsible that the form is delivered immediately to the Registrar, or, should death occur during hours in which the Registrar's office is closed, to the Administrative Officer of the Day.

5. ACTION BY ADMINISTRATIVE OFFICER OF THE DAY. - In case the "Hospital Report of Death" is delivered to the Administrative Officer of the Day, he will take necessary administrative action on basis of report and in accordance with TM 12-240. All action taken will be entered on the death report. Notification to next of kin will be based on sample telegram in TM 12-240, page 21. Copy of telegram will be referred to Registrar by the AOD as soon as practicable, in no case later than termination of tour of duty.

6. ACTION BY REGISTRAR. - Upon receipt of a "Hospital Report of Death", the Registrar will take such immediate action as is outlined in TM 12-240. He will forward the "Hospital Report of Death" to the Quartermaster at time of inspection of remains. The Certificate of Death, State Health Department Form furnished by U.S. Bureau of Census, will be completed by the Registrar and forwarded to the medical officer in attendance at death for signature of all three copies. Original copy is furnished to Undertaker, one copy to Chief of Laboratory, and one in patient's 201 file.

7. RESPONSIBILITY OF CHIEF OF LABORATORY SERVICE. - The Chief of Laboratory Service is responsible for the protection and proper care of bodies of deceased persons from the time a body is received in the morgue (HR 40-305 and HR 600-550) until it is disposed of in accordance with proper instructions (HR 30-50). The remains will not be removed until the Chief of Laboratory Service receives acknowledgment of receipt from the undertaker on his copy of the death certificate that the remains were received in good condition.

8. POST MORTEMS. - Post mortem examinations will be made only by the Chief of Laboratory Service or an assistant, on the written authority of the Commanding Officer in each case. HR 40-305.

9. EFFECTS OF DECEASED PATIENTS. - Upon the death of a patient, the ward officer, or in his absence, the Officer of the Day of the Service responsible for the care of the patient, will make an immediate search of the deceased's person, bed, bedside table, and of the ward for clothing, money, valuables or other effects belonging to the patient. Any money or valuables found will be itemized on the local deposit form WD AGO 8-178, in duplicate, and the form signed by the officer making the search. This search will ordinarily be made in the presence of a witness who will also sign the form. After this action, the form, together with any money or valuables found, will be delivered to the Custodian of Patients' Funds and Valuables, who will also sign the form. After this action, the form, together with any money or valuables found, will be delivered to the Custodian of Patients' Funds and Valuables, who will receipt and return the duplicate to the officer making the search, and file the original. Clothing and effects other than money and valuables that are found will be listed on Patients' Property Card, in duplicate, which will be signed by the officer making the search, after which the forms, together with such clothing and effects found, will be delivered to the Commanding Officer, Detachment of Patients. The Registrar is charged with the proper disposal of the clothing, money, valuables and effects of deceased patients and will turn the same over to the Summary Court Officer who will carry out the provisions of Manual for Courts-Martial, as may be indicated in the case of persons subject to military law, and in all other cases as may be appropriate and in accordance with the existing law. Money and valuables of deceased patients will be released by the Custodian of Patients' Funds and Valuables; and clothing, effects, and baggage of deceased patients will be released only on the written order of the Registrar.

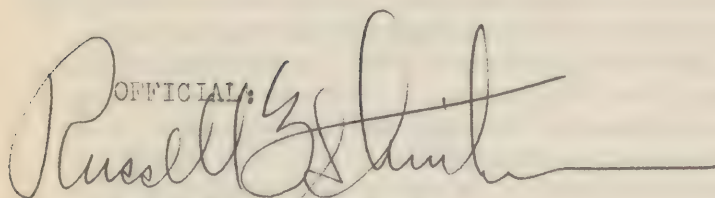
10. REPORTS. - None.

11. AUTHORITATIVE REFERENCES. -

- a. AR 600-550, 23 Dec 44, Deceased.
- b. TM 12-240, 1 Jan 45, Deceased Personnel Within the Continental United States, Excluding Alaska.
- c. HR 600-550, 1 Jan 46, Autopsies.
- d. HR 30-50, 1 Jan 46, Burials - Mortuary Operations.
- e. HR 40-305, 1 Jan 46, Laboratory Service.

12. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL: 

RUSSELL B. STEINHOUR
Major, MAC
Adjutant

RUSSELL B. STEINHOUR
Major, MAC
Adjutant

DISCHARGE FOR DISABILITY - OFFICERS RETIREMENT

	Paragraph
SECTION I. Officers' Retirement.....	1 - 4
II. Enlisted Retirement.....	5 - 7
III. Discharge on Certificate of Disability - Enlisted.....	8 -13

SECTION I

OFFICERS RETIREMENT

	Paragraph
Cases to be Referred to Officers' Army Retiring Board.....	1
Composition.....	2
Action of Disposition Board.....	3
Retiring Board for Army Nurses.....	4

1. CASES TO BE REFERRED TO OFFICERS' RETIRING BOARD. - An officer considered mentally or physically incapacitated for active service regardless of whether such incapacity is or is not the result of an incident of the service and an officer of the Regular Army not classed as physically qualified as a result of physical examination required as a condition to promotion in permanent grade will be referred to the ARB. (AR 605-250).

2. COMPOSITION. - Officers' Army Retiring Board will be appointed by higher authority and will consist of not more than nine nor less than five officers, two-fifths of whom shall be selected from the Medical Corps. A recorder will be appointed by the Secretary of War and it will be the duty of the recorder to record the proceedings, carry out such instructions as may be given him by the board and may be required to collect evidence, present it to the board, examine the witnesses and, generally speaking, conduct the case for the Government. The board will meet from time to time as the president of the board may direct. Medical witnesses will make a careful study of all available medical records, perform a thorough physical examination which will be recorded on WD AGO Form 63 and submitted to the board.

3. ACTION OF DISPOSITION BOARD. - The action of a disposition board is required on all officers (including WAC officers) and warrant officers, prior to their being ordered before a retiring board. Whenever possible, ward officers will take anticipatory action and notify the registrar to request pertinent records from the AGO when retirement of an officer for physical disability is contemplated.

4. RETIRING BOARD FOR ARMY NURSES. - Provisions of paragraphs 1, 2 and 3 above apply. Militarized female personnel on officer status will appear before a Retiring Board for Army Nurses.

SECTION II

ENLISTED RETIREMENT

	Paragraph
Cases to be Referred to Enlisted Retirement Board.....	5
Composition.....	6
Supervision over Clerical Work.....	7

5. CASES TO BE REFERRED TO ENLISTED RETIREMENT BOARD. - An enlisted man of the Regular Army or of the Philippine Scouts who has served twenty years or more in the military forces of the United States and who has become permanently incapacitated for active service due to physical disability incurred in line of duty will be referred to this board. (Sec II, AR 615-395).

6. COMPOSITION. - This board will be composed of three medical officers selected locally by the Commanding Officer.

7. SUPERVISION OVER CLERICAL WORK. - The registrar will coordinate all matters relating to discharge of enlisted retirement cases in accordance with TM 12-238.

SECTION III

DISCHARGE ON CERTIFICATE OF DISABILITY - ENLISTED

	Paragraph
Definition.....	8
Time and Place of Meeting.....	9
Supervision Over Clerical Work.....	10
Action by Ward Officer.....	11
Chronological Sequence of Procedure.....	12
Action by the Registrar.....	13
Action on Approved Certificate of Disability.....	14
Station Complement.....	15
Reports.....	16
Authoritative References.....	17
Rescissions.....	18

8. DEFINITION. - When it is determined by the medical officer in charge of treatment of an enlisted man with less than twenty years

service that his physical condition is such that he is unfit to perform further active military service, he will be presented before a Certificate of Disability for Discharge Board. (AR 615-361).

9. TIME AND PLACE OF MEETING. - The CDD Board will meet regularly at a time and place which will be announced in Hospital Bulletin. A schedule of appointments will be maintained in the Registrar's Office.

10. SUPERVISION OVER CLERICAL WORK. - The registrar will coordinate all matters relating to the discharge of enlisted patients on Certificate of Disability Form WD AGO No 40. He will be responsible that the entries on the certificate of disability are correct and that upon completion of the discharge, the certificate of disability, and allied papers are disposed of as directed by AR 615-361 and TM 12-235.

11. ACTION BY WARD OFFICER. - The Ward Officer will submit to the registrar a probable CDD notice, using the prescribed form. He will also indicate previous army hospitals from which clinical records have not been received and cases which undoubtedly will require veterans care. This anticipatory action will be taken as soon as possible after admission of the patient. When a ward officer is of the opinion that a patient has a disability which permanently unfits the patient for further military service, and hospital observation and treatment have been completed, he will take action to bring the patient before the CDD Board, calling the Secretary of the Board for an appointment.

12. CHRONOLOGICAL SEQUENCE OF PROCEDURE. -

a. The ward officer will complete a CDD work sheet with the approval of the chief of section or service and make an appointment for presentation of the case. He will order an x-ray examination of the chest if a report of such examination performed within a period of 90 days is not available. Prior to the meeting of the board he will complete the clinical record including the final summary on reverse side of 8-39. At the scheduled time the ward officer will present the patient to the CDD Board with the CDD work sheet, completed clinical records, clinical records of previous hospitalizations if available, x-ray films and other pertinent data (Red Cross investigation, correspondence, etc.).

b. The board will make findings and recommendations and indicate on the CDD work sheet those cases requiring veterans care and suitable escort to destination. After action by the board, the secretary of the board will transmit the CDD work sheets promptly to the registrar's office for transcription to the Form 40

c. The secretary of the board will coordinate an appointment system whereby each patient approved for CDD is interviewed by personnel,

Red Cross, Veterans Administration contact representative, and USES representative. The secretary will prepare eight copies of a list approved for CDD and distribute promptly as follows:

Registrar	Baggage Room
Personnel Officer (2)	Red Cross
CO, Det of Pnts	USES Representative
Veterans Adm. Representative	

d. When the CDD Board recommends discharge, the ward officer will complete the clinical record at once, including the MD 55-A, and submit the record the same day to the appropriate chief of service who will initial if approved and forward promptly to the registrar. In such cases the ward officer will initiate disposition slip immediately after the meeting of the board.

13. ACTION BY THE REGISTRAR. - The registrar will prepare the Form 40 for the signature of the members of the CDD Board. Indorsements will be signed by the registrar for the Commanding Officer.

14. ACTION ON APPROVED CERTIFICATE OF DISABILITY. - When discharge on CDD has been authorized by the proper authority, the Commanding Officer, Detachment of Patients, will effect the discharge of the patient in compliance with current directives.

15. STATION COMPLEMENT. - When the discharge for disability of an enlisted member of the station complement is contemplated, the detachment commander will indorse the soldier's service record as prescribed by existing regulations to the Commanding Officer, Detachment of Patients, and at the same time will transfer all of the patient's personal effects which have been in store in his custody to the patients' baggage room and receive a receipt therefor. The Commanding Officer, Detachment of Patients, will dispose of the case in the same manner as other cases in hospital.

16. REPORTS. - None.

17. AUTHORITATIVE REFERENCES. - Section I

a. AR 605-250, 28 Mar 1944, Army Retiring Boards.

b. TM 12-245, 1 Oct 1945, Physical Reclassification, Retirement and Retirement Benefits for Officers.

Section II

a. AR 615-395, 1 Jan 1945, Enlisted Men Retirement.

b. TM 12-238, Jan 1945, Enlisted Personnel Retirement.

Section III

a. AR 615-361, 4 Nov 1944, Medical Discharge - Enlisted Men.

b. TM 12-235, Jan 1945, Discharge and Release from Active Duty (Other than at Separation Centers).

18. RESCISSIONS. - None.

BY ORDER OF COLONEL ELMERSON;

OFFICIAL:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RECEIVING AND DISPOSITION BRANCH

	Paragraph
Chief of R & D Branch	1
Functions	2
Reports	3
Authorized References	4
Rescissions	5

1. CHIEF OF R & D BRANCH. -

a. An Officer is designated by Special Orders and is charged with coordination of the activities of the R & D Branch under the direction of the Director of the Patient's Administration Division.

2. FUNCTIONS. -

a. R & D Branch directs patient to be examined by the Attending Surgeon, his assistant or professional officers of the day to determine type of hospitalization required: calls on the chief of medical or surgical service for personnel when required.

b. Assigns patients to proper wards.

c. Prepares consolidated ward morning report.

d. Prepares A & D Sheet, containing the record of all admissions, dispositions, leaves, furloughs, absences and interward transfers.

e. Maintains suspense files in regards to leaves, furloughs, passes and clinical records.

f. Maintains Locator File and Register Number Index.

g. Checks all patients arriving at, or departing from, hospital on admission, discharge, pass, leave, furlough.

h. Operates central clearance section.

i. Supervises and coordinates transfer of sick and wounded to and from hospital.

3. REPORTS. -

a. Consolidated Ward Morning Report, general distribution.

b. Admission and Disposition Sheet, general distribution.

c. Daily Bed Report to the Medical Regulating Officer. (Telegraphic Report), four copies.

4. AUTHORITATIVE REFERENCES. -

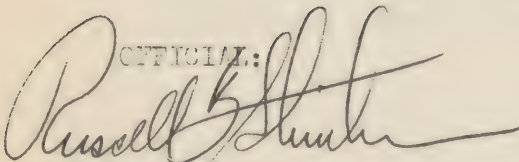
a. AR 40-590, Aug 44, Administration of Hospitals,
General Provisions.

b. TM 8-262, Feb 45, Administration of Fixed Hospitals (ZI).

5. RESCISSIONS. -

a. None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL E. STEINHOUE
Major, MAC
Adjutant

RUSSELL E. STEINHOUE
Major, MAC
Adjutant

ADMISSION OF PATIENTS

	Paragraph
Responsibility.....	1
Classes of Patients Entitled to Admission.....	2
Arrival of Patients.....	3
Initial Assignment of Patients.....	4
Procedure on Admission of Certain Types of Patients.....	5
Preparation of Hospital Admission Records.....	6
Reports.....	7
Authoritative References.....	8
Rescissions.....	9

1. RESPONSIBILITY. - The Chief R & D Branch will have charge of the admissions to the hospital and the assignments to the proper ward of all patients arriving during duty hours. In his absence his duties will be assumed by his assistant. He will maintain close contact with the Chiefs of the Professional Services to insure that proper assignment of patients to wards is being made. The Attending Surgeon, his assistant, or the Medical Officer of the Day will be the Admitting Officer.

2. CLASSES OF PATIENTS ENTITLED TO ADMISSION. -

a. Those persons enumerated in Par 6, AR 40-590, and such others as may be authorized from time to time by competent authority will be admitted to the hospital. In matters of admission of individuals other than those in active military service, the policy of the Commanding Officer will apply.

b. Beneficiaries of the Veterans' Administration in limited numbers in certain designated Army hospitals upon request of the proper representatives of the Veterans' Administration will be admitted to the hospital.

c. Other civilians, whether or not in the public service, only in case of extreme necessity and when in the opinion of the Commanding Officer of the hospital, or his authorized representative, admission is necessary to save life or prevent greater suffering, will be admitted to an Army hospital.

3. ARRIVAL OF PATIENTS. -

a. Immediately upon receipt of information as to the expected arrival of patients by train, the Registrar, or, in his absence,

his designated assistant, will arrange for the necessary motor transportation and attendants to meet them. When it is known that patients who are to arrive are suffering from communicable diseases, such separate ambulances as may be required, consistent with good medical policy, will be provided for their transportation. Litter cases, the insane, and prisoners will be met by an adequate number of trained litter bearers, neuropsychiatric attendants, or armed guards, as the case may be. The Commanding Officer, Detachment Medical Department or the Provost Marshal, or both, depending upon the nature of the patients arriving, will furnish the necessary number of attendants. When indicated, the Registrar will arrange with the Medical Supply Officer to make the necessary exchange of linen and hospital clothing. The Admitting Officer will make necessary arrangements to effect proper ward assignments without delay upon their arrival at the hospital and will call upon the Chiefs of the Professional Services for such assistance as may be required. The Registrar will provide any additional clerical personnel required for short periods from his office.

4. INITIAL ASSIGNMENT OF PATIENTS. -

a. All patients will be admitted through the Admitting Office where the required admission data will be made a matter of record, and assignment to the proper ward effected. In emergency cases, the patient may be taken directly to the ward and the necessary admission data obtained there, but in any case, no patient shall be taken to any ward without specific instructions from the Admitting Officer or, the Attending Surgeon, or in his absence, the Medical Officer of the Day.

b. The Consolidated Ward Morning Report will be used as a guide to assist the Admitting Officer in making proper ward assignments and to obviate interward transfers shortly after admission. The Chiefs of Professional Services will notify the R & D Officer promptly of changes in the character of cases treated on any ward in order that assignments to such wards may be made correctly at all times. In addition, the Chiefs of the Professional Services will furnish any other necessary information and assistance to the Admitting Officer and the Attending Surgeon in the discharge of his duties. Wards will accept patients admitted thereto and any reassignment that may be necessary will be effected by inter-ward transfers.

5. PROCEDURE ON ADMISSION OF CERTAIN TYPES OF PATIENTS. -

a. Patients with Communicable Diseases. - If the presence of the condition is known in advance, such patients will not be permitted to leave the ambulance or enter the Admitting Office, but after examination by the Admitting Officer, will be sent directly to the appropriate isolation ward. Should such a patient enter inadvertently the Admitting Office, the medical officer in charge of communicable diseases will be notified and will issue proper and appropriate instructions.

b. Insane Patients. - Insane patients will be escorted without delay to the receiving unit of the neuropsychiatric section, accompanied, whenever possible, by a trained neuropsychiatric attendant.

c. Medical and Surgical Emergencies. - These will not be removed from the ambulance until so directed by the Attending Surgeon in order to avoid unnecessary handling. Such cases will be given prompt attention as soon as they arrive. If practicable they will be delivered by wheel litters directly to their proper ward, the x-ray department, or the operating room, as the case may be. To reduce transporting and handling of such cases to a minimum, the appropriate Chief of Service or his designated representative will hold himself available to offer necessary advice and assistance to the Admitting Officer or Attending Surgeon so that appropriate ward assignment can be made or necessary treatment instituted without delay. The x-ray unit, the operating room, or the ward receiving the patient, as the case may be, will be notified by telephone, by the Admitting Office at the earliest possible moment whenever medical or surgical emergencies are admitted.

d. Prisoners. - They will be accompanied by guards, when indicated, to their proper ward. When the nature of the offense is such that it can be accomplished without defeating the ends of military justice, paroles may be accepted from garrison prisoners in order that the giving of medical care may be facilitated and the waste of personnel occasioned by the use of armed guards may be avoided. The Commanding Officer, Detachment of Patients, and the Provost Marshal will be notified by telephone of the admission of prisoners.

e. Prisoners of War. - The same procedure, except for the taking of paroles, will apply in the case of prisoners of war admitted as patients. The Provost Marshal will be notified at the earliest possible moment in order that necessary guards and facilities for safe-keeping of such individuals may be provided.

6. PREPARATION OF HOSPITAL ADMISSION RECORDS. -

a. Procedure. - The mechanical reproduction of records described in Chapter II, TM 8-262, will be followed by this hospital.

b. Records. - The following records will be prepared in the Admitting Office under the direction of the Registrar who will assume responsibility for their completeness and accuracy. Any additional records are unnecessary and will be neither prepared nor maintained unless specifically authorized.

(1) WD MD Form 55A, Clinical Record Brief, two copies.

(2) Locator Cards, 3 x 5, fifteen to twenty copies.

(3) WD AGO Form 8-24, Medical Report Card, two or three copies.

(4) WD AGO Form 8-178, Deposit Slips, two or three copies.

(5) WD AGO Form 8-111, Patients Clothing Slip,
two copies.

(6) WD MD Form 76, Property Tag, two parts.

7. REPORTS. -

a. Admission and Disposition Sheet. This report constitutes a record of all admissions to and dispositions from the hospital: All leaves, furloughs, absences and inter-ward transfers are recorded thereon. The A & D Sheet is prepared daily at 2400 hours as prescribed in TM 8-262.

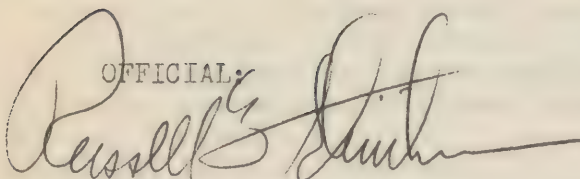
8. AUTHORITATIVE REFERENCES. -

a. AR 40-590, Aug 44, Administration of Hospitals, General Provisions.

b. TM 8-262, Feb 45, Chapter II, Administration of Fixed Hospitals (ZI).

9. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

FUNDS AND VALUABLES - PATIENTS

	Paragraph
Responsibility	1
Safeguarding of Funds and Valuables	2
Procedure	3
Method of Accounting	4
Reports	5
Authoritative References	6
Rescissions	7

1. RESPONSIBILITY. -

a. The Commanding Officer will normally designate the Registrar and have him bonded as Custodian of Patients' Funds and Valuables, except in such cases when, in his opinion, the duty can be carried out more efficiently by some other officer, warrant officer, enlisted person, or civilian employee designated and bonded for the purpose. (TM 8-262).

b. Certificates. - It is the responsibility of the Custodian to insure that one copy of the Patients' Deposit Certificate, WD AGO Form 8-178, is filed for each patient admitted to the hospital, regardless of whether or not he deposits funds or valuables. The Custodian will check the Patients' Deposit Certificates received during a 24-hour period against the admissions recorded on the Admission and Disposition Sheet for the same period. When the check reveals that a form has not been received for a newly admitted patient, the Custodian will immediately take steps to determine the reason therefor and to have the certificate filed. The certificates will be transferred to the 201 files of the patients concerned at the time of their discharge from the hospital, after it is certain that the accounts have been completely closed.

2. SAFEGUARDING OF FUNDS AND VALUABLES. -

a. Money and valuables in all instances will be received and receipted for without condition or other evasion of complete responsibility by the Custodian.

b. The Commanding Officer will make available to the Custodian a safe for the protection of money or valuables deposited for safekeeping. Ordinarily, only sufficient money will be kept in the safe to satisfy the day to day demands of depositors for the withdrawal of funds. This amount will be determined by the Commanding Officer. The balance will be deposited in a local bank to the credit of the "Patients' Fund". Funds deposited in the local bank will not draw interest unless the patients to whom the funds belong signify in writing their consent to the transfer of any accrued interest to the Hospital Fund. Valuables will be kept in sealed envelopes, one or more as required being used for each individual patient.

c. The Patients' Fund will under no circumstances be used for the safeguarding of funds or valuables belonging to individuals not in a patient status. In no case will any check, except one drawn on a Patients' Fund at an Army hospital, be cashed or accepted for deposit as cash by the Custodian.

3. PROCEDURE. -

a. Admission Deposit. - When a patient is admitted to a hospital, the clerk who processes his records will explain to him that the hospital will receive his funds or valuables for safekeeping. The clerk will also explain to the patient the advantages of properly safeguarding the cash, personal papers, keepsakes, etc., in his possession. The patient will also be advised that the hospital assumes no responsibility for the loss of cash or valuables while they are in his possession. When the patient makes an initial deposit directly to the Custodian, the Patient's Deposit Certificate will be prepared in triplicate. After completion of the certificate, one copy will be delivered to the patient as his receipt; the two remaining copies will be delivered with the cash or valuables to the Custodian as soon as possible. The Custodian will check the cash or valuables against the entries on the certificate and, if the entries are correct, will sign both copies. One will be returned to the intermediate recipient as his receipt and the other will be retained in the Custodian's file.

b. Subsequent Deposits. - When the patient desires to make a subsequent deposit, he will present his copy of the certificate and the additional funds or valuables to the Custodian. The Custodian will withdraw the file copy of the deposit certificate. He will then itemize the additional funds or valuables and enter the date of receipt on both copies. The Custodian initials both copies to signify his receipt, returns the patient's copy, and the file copy to the file. In occasional cases, when subsequent deposits are made to a recipient other than the Custodian, as in the case of a bed patient, the intermediate recipient will give the patient a hand receipt to be retained until the patient's certificate, bearing the Custodian's initials, is returned.

c. Withdrawals. - When a patient who has funds or valuables on deposit desires to make a partial withdrawal, he will present his copy of the Patient's Deposit Certificate to the Custodian. The Custodian withdraws the file copy to insure that desired items have been left on deposit, and delivers them to the patient. Entry of the transaction is made on both copies of the certificate. The patient initials the withdrawal. The Custodian's copy is returned to the file and the patient retains his copy. When the patient desires to withdraw all the funds and valuables on deposit, it is necessary only to enter the date and obtain his signature in the bottom space of Patient's Deposit Certificate on the Custodian's copy. The patient's copy will be surrendered and destroyed following withdrawal. When the patient is confined to bed, or is otherwise prevented from appearing in person to withdraw funds or valuables, he may delegate a substitute by use of the Authorization for Release of Funds.

4. METHOD OF ACCOUNTING. - A Patient's Fund Journal will be maintained as the official record of transactions. This journal will be maintained in accordance with TM 8-262, Chapter V.

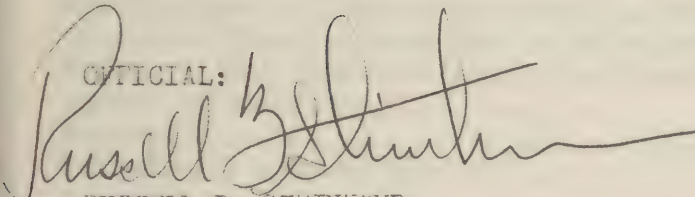
5. REPORTS. - None.

6. AUTHORITATIVE REFERENCES. - TM 8-262, 1 Jul 45, Chapter V, Patients' Funds and Valuables.

7. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOUR
Major, MAC
Adjutant

RUSSELL B. STEINHOUR
Major, MAC
Adjutant

HOSPITAL REGULATIONS }
NO. 40-1130 }

HR 40-1130
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio.
1 January 1946.

DISPOSITION & CLEARANCE - PATIENTS

	Paragraphs
Supervision.....	1
Time of Discharge.....	2
Clearance.....	3
Procedures.....	4
Discharged Military Patients to Duty This Command.....	5
Discharge of Prisoner Patients.....	6
Disposition of Insane Patients.....	7
Notification to Soldier's Commanding Officer and Surgeon.....	8
Procedure When Patients are to be Separated From the Service.....	9
Procedure When Patients are to be Transferred to Another Hospital.....	10
Record of Departure.....	11
Reports.....	12
Authoritative References.....	13
Rescissions.....	14

1. SUPERVISION. - The Receiving and Disposition Officer will have supervision over the final discharge of patients from this hospital, all of whom will be cleared finally through his office upon departure. All dispositions will be duly recorded by him on the daily admission and disposition sheet.

2. TIME OF DISCHARGE. - The time of discharge of the patient will be governed by transportation schedules and the destination of the patient.

3. CLEARANCE. -

a. A completed clearance sheet will be required for all patients who are being discharged from the hospital including duty personnel. All bills of pay patients who are departing from the hospital will be paid at the clearance office during duty hours. Patients leaving the hospital will obtain final clearance from the R & D office at the time of actual departure.

b. All patients who are to be discharged after regular duty hours will complete their clearance before 1600 hours which will give clearance at time of actual discharge.

c. Action regarding the disposition of cases will be initiated far enough in advance to permit the completion of the clearance sheet within the twenty-hours prior to the patient's departure.

d. Clearance for litter cases and for patients in closed wards will be obtained by a ward attendant appointed by the ward surgeon, who will be designated to act for the patient concerned.

e. In the case of deceased patients, clearance will be obtained as in d above. All unpaid bills will be referred to the designated officer for proper disposition; namely, (1) to Summary Court Officer in case of death; (2) to Fiscal Officer in case of officer's or civilian unpaid bills.

4. PROCEDURES. - (Other than on separation from service or transfer to another hospital). -

a. Cases which have not appeared before the disposition board. In such cases, the ward officer will complete the clinical record including the 55A and Disposition Slip and forward it to the chief of service concerned. The latter will review the clinical record and initial, if the discharge is approved. The record will then be forwarded to the registrar as his notification that the patient is ready to be discharged from the hospital.

b. Cases which have appeared before the disposition board. In all such cases, the approved disposition board proceeding is the notification to the registrar that the patient is ready to leave the hospital, and he will initiate arrangements accordingly.

c. If travel orders are not required, as for enlisted men and officers returning to duty this command, or military patients not on the active list, such as beneficiaries Veterans Administration, retired personnel, etc., or as for civilians, the registrar will notify the proper ward officer by telephone when the discharge of the patient is authorized. The registrar will also notify the R & D office of the name of the patient to be discharged.

d. When travel orders are required, as for enlisted men and officers returning to duty at stations other than this command, the R & D office will prepare request for special orders. Copies of the special orders directing the patient's relief from further hospitalization and his return to his proper station or new station will be furnished by the adjutant to the commanding officer, detachment of patients, to the registrar, to the R & D officer, to patient's personnel section, and to the patient. The R & D officer will notify the ward officer of the date and hour of discharge and will request that the patient be instructed to report to the R & D Office when called, for accomplishment of necessary administrative procedures. The R & D office will arrange transportation for the patient to the train.

5. DISCHARGE MILITARY PATIENTS TO DUTY THIS COMMAND. -

a. When it has been determined that a military patient is physically fit for return to duty at this command, the ward officer will close the clinical record and forward it to the chief of service concerned. The chief of service, or the assistant chief will review

the record, initial it, if the discharge is approved, and forward it to the office of the registrar.

b. Enlisted personnel returning to duty will report to the first sergeant of the service detachment who will make an appropriate entry in the sick book. Commissioned personnel and personnel on an officer status will report to the military personnel officer who will take similar action.

6. DISCHARGE OF PRISONER PATIENTS. - The discharge of prisoner patients will follow the same procedure as outlined for the discharge of any other patient from the hospital. However, when the R & D officer receives notification from the registrar that a prisoner is ready for discharge he will notify the Provost Marshal who will send an M.P. to the prison ward with written authorization for the release of the prisoner. The M.P. will obtain clearance for the prisoner. When this has been accomplished he will escort the prisoner from the ward to the R & D Office and obtain final clearance. If the prisoner is not scheduled to leave the post, he will be discharged to the guard house.

7. DISPOSITION OF INSANE PATIENTS. -

a. In the disposition of insane patients, the requirements of AR 600-500, both as to the patient and his effects, will be punctiliously complied with. The examination of the patient by the prescribed boards and the notification of the nearest relatives will be personally verified by the registrar. In every case, including those cases in which the notice prescribed in paragraph 9b, AR 600-500, does not apply, the nearest relative will be informed as to the disposition of the patient.

b. A medical attendant will invariably accompany as escort any insane patient transferred from this hospital either to the custody of the patient's relatives or to another hospital. The medical attendant will secure a receipt for the patient and his accompanying effects, indicating that the patient was received in good physical condition.

c. No insane patient will be discharged or transferred from the hospital without the knowledge of the Commanding Officer. Immediately prior to the discharge of the patient the Chief of the N.P. service will cause patient to be stripped and examined physically. A notation will be made on the progress note of the clinical record.

8. NOTIFICATION TO SOLDIER'S COMMANDING OFFICER AND SURGEON. -

Pursuant to the instructions contained in paragraph 7b (3), AR 40-590, on the date that a military patient has been discharged to duty, the registrar will notify the patient's immediate commanding officer, in writing, on the prescribed form, through the surgeon of his station or command.

9. PROCEDURE WHEN PATIENTS ARE TO BE SEPARATED FROM THE SERVICE. -

a. Enlisted Men. - For enlisted personnel, the procedure outlined under TM 12-235, will be followed.

b. Officers. -- In the case of officers found to be incapacitated for further active duty by a disposition board, the approved disposition board proceedings will be forwarded by the Commanding Officer to the Recorder of the Army Retirement Board. Upon receipt the Recorder will order the appearance of the officer before the ARB.

10. PROCEDURE WHEN PATIENTS ARE TO BE TRANSFERRED TO ANOTHER HOSPITAL. -

a. When the transfer of a military patient to another hospital for observation and treatment is indicated, the ward officer will complete COM 6, Disposition Slip, with four copies of COM 46, Transportation Request, with the approval of the chief of service and forward it to the R & D. When the registrar has obtained authorization for the transfer, he will make all necessary arrangements for transportation, notify the ward officer of the day the hour of departure, and request that the complete clinical record be submitted. The patient will receive a copy of his travel orders at the R & D Office when clearing immediately prior to departure.

11. RECORD OF DEPARTURE. -

a. A record of the date and hour of departure and the type of disposition of each patient leaving the hospital will be kept by the R & D Office. This data will be used by him in the preparation of the daily A & D Sheet.

12. REPORTS. -

a. Daily A & D Sheet. General distribution.

13. AUTHORITATIVE REFERENCES. -

a. AR 40-590, Aug 44, Administration of Hospitals, General Provisions.

b. AR 600-500, May 44, Care and Disposition of Insane.

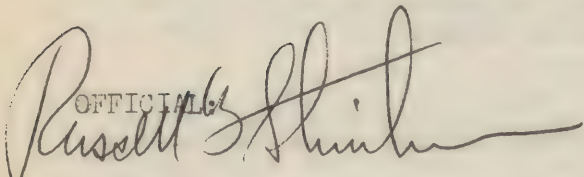
c. TM 8-262, Feb 45, Administration of Fixed Hospitals. (ZI)

14. RESCISSIONS. -

a. None.

BY ORDER OF COLONEL EMERSON:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant


OFFICIAL
RUSSELL B. STEINHOOR
Major, MAC
Adjutant

TRANSFER BETWEEN WARDS

	Paragraph
Responsibility	1
Authority for Transfer	2
Interward Transfer Slip	3
Transfer of Patient and Records	4
Disposition of Interward Transfer Slip	5
Group Transfers	6
Notice to Other Agencies	7
Reports	8
Authoritative References	9
Rescissions	10

1. RESPONSIBILITY. - The Commanding Officer is responsible for the promulgation of basic policies pertaining to inter-ward transfers. The chiefs of services will transmit such policies to the ward officers who will be responsible for their execution. The chiefs of services will provide such supervision and advice as may be necessary to enable the ward officers to assume the responsibility for such transfers with a minimum of supervision

2. AUTHORITY FOR TRANSFERS. -

a. In every case, the ward officers will, after consultation with chiefs of sections or services, take the necessary steps to accomplish inter-ward transfers. They will be responsible for obtaining necessary concurrences, usually by telephone, and making the transfers without delay.

b. The following general rules concerning the concurrences required will apply:

(1) For transfers within a section, the concurrences of the ward officers concerned should be sufficient.

(2) For transfers between sections within the same service, concurrences of chiefs of the sections may be required

(3) In transfers between services, the concurrences of chiefs of the services may be required.

c. Whenever possible, such concurrences will be delegated to ward officers.

d. In all instances, required concurrences for transfers should be secured by telephone which is the fastest possible means.

Signatures of chiefs of sections or services will therefore not be obtained routinely, but the signature of the ward officer initiating the transfer will constitute a certificate to the effect that all necessary concurrences have been obtained.

3. INTERWARD TRANSFER SLIP. - Interward transfers will be accomplished by use of WD ACO Form 8-169, prepared in single copy only.

4. TRANSFER OF PATIENT AND RECORDS. - Except in emergencies, no patient will be transferred without a properly filled out and signed Interward Transfer Slip. In addition, the following records will be sent to the receiving ward at the time of transfer:

Clinical records
X-rays, if kept on ward
Bed card
Ward locator card
Restriction notice / or courts martial notice (if any)

5. DISPOSITION OF INTERWARD TRANSFER SLIP. - Upon completion of the transfer, the Interward Transfer Slip will be forwarded to the information office where a record of the transfer will be entered on the locator card. At 2400 hours all Interward Transfer Slips pertaining to transfers accomplished during the day will be destroyed.

6. GROUP TRANSFERS. - Group transfers may be made by entering the information on one copy of WD ACO Form 8-169.

7. NOTICE TO OTHER AGENCIES. - All offices maintaining locator files will receive notice of the transfer from the Admission and Disposition Sheet, except the information office which is notified as outlined in paragraph 5, in order that their records will be current at all times. In this way, visitors may be furnished with proper information as to the location of patients


8. REPORTS. - No regular reports required.

9. AUTHORITATIVE REFERENCES. - TM 8-262, 1 Jul 45, Chapter IV, Section I, Procedure for Interward Transfers.

10. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOURL
Major, MAC
Adjutant

RUSSELL B. STEINHOURL
Major, MAC
Adjutant

DETACHMENT OF PATIENTS BRANCH

General	1
Classification of Patients	2
Functions of Detachment of Patients	3
Reports	4
Authoritative References	5
Rescissions	6

1. GENERAL. - Patients Detachment is a branch of the Patients Administrative Division. The Commanding Officer of the Detachment of Patients is appointed by Special Orders and it is his responsibility to carry out the administrative policies pertaining to the patients. He will aid the patients with any problems they may have. If he is unable to be of any assistance to them, he will refer the patients to the proper person.

2. CLASSIFICATION OF PATIENTS. - All United States Military Personnel who are admitted to the Hospital are placed in one of two categories in the Detachment of Patients:

a. Attached Unassigned: Those patients who are not carried by any other unit.

b. Attached from Other Organizations: Those patients who are currently assigned to another unit, but by reason of being a patient are attached to the Detachment of Patients. However, if a patient who is attached, has been absent sick from his organization for ninety days he is relieved from assignment from his unit and is attached unassigned to the Patients Detachment. (WD Cir 280, 1944)

3. FUNCTIONS OF THE DETACHMENT OF PATIENTS. -

a. Passes, Convalescent Furloughs, Sick Leave: (See--HR 40-1230).

b. Clothing and Baggage of Patients.(See--HR 40-1210)

c. Conduct of Patients. (See--HR 40-1220)

d. Patients Pay: Although patients' payrolls are prepared by the Patients Personnel Branch, it is the responsibility of the Commanding Officer of the Detachment of Patients to make certain that all patients are paid on time. (See--HR 40-1310).

4. REPORTS. - The Detachment of Patients Branch will render a Morning Report (WD AGO Form #1) daily, covering the period from 0001 and ending at 2400 hours. This report will be prepared in three copies as soon as possible after 2400 hours of the Morning Report day. All personnel of the Army who are patients in the Hospital will be accounted for on the Morning Report. The disposition of this report is as follows: (AR 345-400)

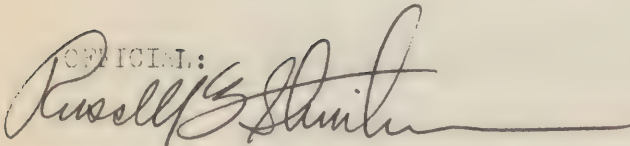
- a. Original forwarded to the MRU of the Service Command.
- b. Duplicate is retained by the reporting unit.
- c. Triplicate is sent to the Unit Personnel Section of the Hospital.

5. AUTHORITATIVE REFERENCES. -

- a. AR 345-400, 3 Jan 45, Military Records.
- b. Circular 280, 6 July 44, Assignment of Hospital Patients.
- c. HR 40-1210 CGH, 1 Jan 46, Clothing and Baggage of Patients.
- d. HR 40-1220 CGH, 1 Jan 46, Conduct of Patients.
- e. HR 40-1230 CGH, 1 Jan 46, Passes, Convalescent Furloughs, Sick Leave.
- f. HR 40-1310 CGH, 1 Jan 46, Pay of Patients-EM.

6. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL P. STEINHOUE
Major, MAC
Adjutant

RUSSELL P. STEINHOUE
Major, MAC
Adjutant

CLOTHING AND BAGGAGE OF PATIENTS

	Paragraph
Supervision and Location	1
Procedure on Admission	2
Wearing of Hospital Clothing when Present in Hospital	
by Patients on Enlisted Status	3
Retention of Clothing and Property by Patients on	
Enlisted Status	4
Baggage of Patients Admitted from Trains or Planes	5
Withdrawal of Effects from Patients' Baggage Room	6
Patients' Baggage Room Facilities Available to Officer	
Status and Women Patients	7
Checking of Baggage Room Records	8
Reports	9
Authoritative References	10
Rescissions	11

1. SUPERVISION AND LOCATION OF PATIENTS' BAGGAGE ROOM. -

The Patients' Clothing Room is located in Building #66. It is centralized and its use is for all the enlisted patients in the Hospital. The Clothing Room will be open 24 hours a day. The Baggage Room is located in Building #67-a and its purpose is to keep all the barracks bags, footlockers and other bulky baggage of the patients. The Clothing and Baggage Room will function under the immediate supervision of the CO of the Detachment of Patients.

2. PROCEDURE ON ADMISSION. -

a. After a patient has been admitted he will proceed on to the Clothing Room where the attendant on duty will carefully inventory all such effects except as provided in Par 4 below and will list them in duplicate on a WD AGO Form 8-111. Patient will be required to sign both copies, acknowledging its correctness. If he is unable to sign, the appropriate notation will be made thereon by the person making the inventory. The attendant on duty in the Patients' Clothing Room will sign both copies--retain the original and deliver the duplicate to the Patient. Under no circumstances will clothing be kept on the ward.

3. WEARING OF HOSPITAL CLOTHING WHEN PRESENT IN HOSPITAL BY PATIENTS ON ENLISTED STATUS. -

a. When a patient has delivered his clothing and personal effects to the Patients' Baggage Room, he will be furnished one suit of hospital pajamas and one bathrobe, and his receipt for same will be taken by the attendant at the Patients' Baggage Room. If he is not able to sign such a receipt, a notation to that effect will be made. He may be permitted to retain his shoes, underclothing,

two pairs of socks, waist belt and the necessary toilet articles. These personal items will not be included in the inventory. (See Par #4 below)

b. Patients on an enlisted status are prohibited from wearing other than hospital clothing while in any buildings pertaining to the Hospital, except that convalescent patients, other than those confined in the Neuropsychiatric Section, may wear such personal underclothes, shoes, socks, waist belts and head covering as they have in their possession. However, patients in possession of pass or furloughs may wear uniforms immediately prior to departure or upon return until change can be made.

c. Ambulant patients on an enlisted status while in the ward will be clothed habitually in pajamas, socks, slippers or shoes, and if they so desire, a convalescent suit which must be clean and in good state of repair and buttoned at all times.

d. When an ambulant patient on enlisted status leaves his ward, the Medical Department Convalescent suit will be worn in lieu of the Convalescent suit. Except as noted below, this will be the Patients' dress at all times on the grounds and in the buildings to which he has access, except going and returning to the reservation on authorized pass.

e. Patients will wear their personal outer clothing when leaving and returning to the reservation on authorized pass and when attending dances at the Red Cross House. At all times they will be neat, clean, and in good state of repair.

4. RETENTION OF CLOTHING AND PROPERTY BY PATIENTS ON ENLISTED STATUS. - Except as noted hereafter, no articles of personal clothing or property will be retained on the wards by patients on an enlisted status during stay in Hospital. Patients will be required to turn in to the Patients' Baggage Room any such articles found in their possession by any of the ward personnel on duty in the ward. Patients whose physical and mental condition permit them to leave the ward may be granted permission by the ward officer to retain the following articles:

- 1 Pair of shoes
- 1 Hat or cap
- 2 Pairs of socks
- 2 Suits of underclothing
- 1 Waist belt
- Necessary toilet articles

Patients will be informed that these articles are for their personal comfort and that they will be responsible for any subsequent loss of them.

5. BAGGAGE OF PATIENTS ADMITTED FROM TRAINS OR PLANES. -

a. Patients admitted from trains or planes will be asked

at the Receiving Office if they have any baggage other than that which accompanies them at the time of admission. If so, they will be requested to deliver the baggage checks to the R & D where a record showing the check number, full name, rank, organization, and ward number of the patient will be made. These checks will be held and delivered by the R & D to the Quartermaster Baggage Driver on his next trip, having him acknowledge receipt for same. Such baggage will be returned by the Quartermaster Driver to the Baggage Room where attendant will acknowledge receipt for same.

b. When such baggage is received at the Baggage Room, the patient, if he be ambulant, will be required to inspect such baggage and assist in inventory of any baggage which is not sealed by his own lock and key. He and the attendant together will see that all additional items are added to both copies of the WD AGO Form 8-111 and will acknowledge these additions by their initials opposite the items listed on each copy. If the patient is not physically or mentally able to do this, a notation to this effect on both copies of WD AGO Form 8-111 will be made.

6. WITHDRAWAL OF EFFECTS FROM PATIENTS' CLOTHING ROOM. -

a. Clothing of patients departing on pass or furlough may be withdrawn by the patients on presentation of approved pass or furlough. When such withdrawals are made, if they take with them all items listed on WD AGO Form No 8-111 the duplicate of the form, receipted and signed by the patient, will be returned to the Patients' Baggage Room. If they make a partial withdrawal, taking with them only such items as they need for wearing apparel while on pass or furlough, a receipt for same will be given to the attendant at the Patients' Baggage Room if open. In either case, the attendant on duty in the Patients' Baggage Room will again take charge of the clothing which was withdrawn and return to the patient the receipt which he gave for same.

b. Patients will be required, when discharged from the hospital, to take with them all of their clothing and personal effects. When they are ready to depart they will present to the attendant at the Patients' Baggage Room the duplicate copy of WD AGO Form 8-111, receipted by themselves. The attendant in the Baggage and Clothing Room will have been previously notified as to which patients are due to leave.

c. All patients going on pass or furlough or being discharged from the Hospital, will be required to deliver at the Patients' Baggage Room one suit of hospital pajamas and one bathrobe for which they will receive their receipt for same.

d. Upon the death of a patient, all money and valuables will be secured by the Ward Officer and turned over to the Custodian of Patients' Fund immediately. All personal effects of the deceased, other than valuables, which are in the ward will be inventoried on WD AGO Form 8-111, in duplicate, by the Ward Officer, or in his

absence by the Officer of the Day attending the death. He will cause these effects, together with both copies of WD AGO Form 8-111, to be delivered as soon as possible to the Patients' Baggage Room where the duplicate WD AGO Form 8-111 will be receipted. Clothing and baggage of deceased patients will be delivered from the Patients' Baggage Room only on the order of the Commanding Officer of the Detachment of Patients. Proper receipt will be secured by the attendant at the Patients' Baggage Room from the person to whom he delivers same.

e. Clothing of patients may be withdrawn for purposes other than indicated in a, b, c, and d above only on presentation of a request approved by the Ward Officer and the Commanding Officer, Detachment of Patients. When clothing is withdrawn by patients for the purpose of cleaning, "Clothing Withdrawal Slip from Patients Baggage Room", will be used. The Ward Officer will see that the clothing is promptly returned to the Baggage Room as soon as the cleaning is completed.

7. PATIENTS' BAGGAGE ROOM FACILITIES AVAILABLE TO OFFICER STATUS AND WOMEN PATIENTS. -

a. While patients on officer status or women patients are not required to deposit their clothing in the Patients' Baggage Room, the facilities of the Baggage Room are available to them for safekeeping of trunks and hand baggage, and they may deposit clothing and other effects not classed as valuables in the same manner described in Par 2 above. Trunks or barracks bags will not be permitted in any ward.

b. On admission patients on officer status and women patients arriving by train or plane will be questioned as to additional baggage as directed in Par 5. When they are found to have such baggage, it will be handled in the manner directed in Par 5.

c. Patients on officer status and women patients, when they have clothing and effects stored in the Patients' Baggage Room, will withdraw them as prescribed in Par 6.

8. CHECKING OF BAGGAGE ROOM RECORDS. - The Admission and Disposition records on each ward will be checked daily by the attendant in charge of the Patients' Baggage Room to ascertain if any patient has departed, leaving his baggage behind. When baggage of this nature is found, report will be immediately furnished the Commanding Officer, Detachment of Patients, for appropriate action.

9. REPORTS. - None.

10. AUTHORITATIVE REFERENCES.

a. AR 40-590, 29 Aug 44, Administration of Hospitals.

b. Memo #13 CGH, 29 May 45, Storage of Patients' Clothing & Baggage.

11. RESCISSIONS. -

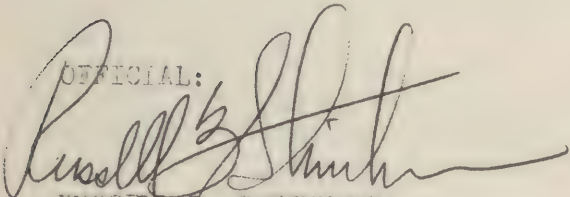
a. H.R. Crile Gen Hosp, 15 Feb 44, Clothing & Baggage of Patients.

b. Memo #29 CGH, 27 Nov 45, Procedure for Storage of Patients' Clothing.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

RUSSELL B. STEINHOUR
Major, MAC
Adjutant


RUSSELL B. STEINHOUR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-1220)

HR 40-1220
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

CONDUCT OF PATIENTS

	Paragraphs
Policy Governing.....	1
Compliance with Orders from Competent Authority	2
Absence from Wards and Hospital	3
Quietness in Wards to be Maintained	4
Lights Out in Ward	5
Gambling	6
Use of Liquors or Habit Forming Drugs ...	7
Financial Dealings with Hospital Personnel	8
Conduct at Meals	9
Wearing of Hospital Clothing	10
Throwing of Trash on Porches or in Corridors	11
Convalescent Patients Available for Light Duty	12
Conduct of Patients in Isolation Wards ...	13
Visiting Other Patients	14
Complaints	15
General	16
Regulations to be Made Known to Patients	17
Enforcement of These Regulations	18
Reports	19
Authoritative References	20
Rescissions	21

1. POLICY GOVERNING. - Upon admission to this Hospital, all patients, irrespective of status, come under the jurisdiction of the Commanding Officer of the Hospital. Those patients affected by matters pertaining to duty, pay, clothing, passes, furloughs or disciplinary action are, for such purposes, under the immediate control of the Commanding Officer, Detachment of Patients. Insofar as treatment is concerned, all patients are under the immediate control of the Ward Officer to which the patient is assigned.

2. COMPLIANCE WITH ORDERS FROM PROPER AUTHORITIES REQUIRED. - Compliance with all orders from the Ward Officers, members of the Army Nurse Corps, wardmasters and all other persons to whom property has been delegated is required.

3. ABSENCE FROM WARDS AND HOSPITAL. -

a. All patients will be present for morning rounds of the Ward Officer and at such other times as may be required, unless excused. Patients will not leave the ward without permission of the Ward Officer or Nurse in charge before 1200 hours (noon) and will not leave the Hospital reservation without a pass. Patients on an enlisted status will be on their wards prior to 2200 hours. Exception is made for those patients on an authorized pass or in attendance at entertainments at the Red Cross House who will return

to their wards prior to expiration of the pass or upon cessation of the entertainment, and those patients who obtain permission from the Ward Nurse to make phone calls from the Telephone Center. However, those patients making phone calls must return to their respective wards by 2300 hours.

b. Patients will not visit the barracks of any of the Detachments on duty at this hospital.

4. QUIETNESS IN WARDS TO BE MAINTAINED. - Quiet hours for rest periods will be observed on all wards between 1000 and 1100 hours and between 1300 and 1400 hours every day. During these rest periods there will be no boisterous activities or playing of radios or musical instruments. The Ward Officers and all duty personnel will be responsible for the enforcement of these regulations.

5. LIGHTS OUT. - As a military installation this Hospital will comply with taps at 2300 hours. (AR 210-10, Par 26) Overhead lights will be turned off at 2200 hours and all bedside lights will be put out at 2300 hours. All radios will be turned off at 2300 hours. When lights are extinguished absolute quietness is required. Patients returning from post entertainments or from pass will be quiet entering the ward. Violations of these regulations will be reported and punishable by summary action.

6. GAMBLING. - Patients are prohibited from gambling with each other or with hospital personnel in wards or any other parts of the hospital.

7. USE OF LIQUORS OR HABIT FORMING DRUGS. - The use, possession and introduction of alcoholic liquors or habit-forming drugs by patients in this Hospital is prohibited.

8. FINANCIAL DEALINGS WITH HOSPITAL PERSONNEL. - Patients will not have financial dealings with officers, nurses, enlisted men and women or civilian employees on duty at this Hospital.

9. CONDUCT AT MEALS. - Patients authorized to eat in the Patients' Mess will not congregate about the doors of the Mess Hall but will form in line. The line will start forming not earlier than five minutes before the specified meal hours. Patients will be quiet and orderly at all times during the serving of meals, and upon finishing will leave the Mess Hall and vicinity immediately. Meal hours will be as published from time to time.

10. WEARING OF HOSPITAL CLOTHING. -

a. Patients on an enlisted status are prohibited from wearing other than hospital clothing while in hospital unless just admitted, going or arriving from pass or furlough in which case, authenticated papers must be in their possession. However, convalescent patients may wear such underwear, socks and shoes as they were permitted to retain upon their admission.

b. Patients are forbidden to wear any article of hospital clothing such as pajamas and convalescent suits in place of underwear or otherwise while on pass.

11. THROWING TRASH ON PORCHES OR IN CORRIDORS. - Cigarette butts, burnt matches, old paper and other trash will not be thrown on porches or on the floor of corridors or other parts of this hospital. Trash containers have been provided in all parts of the hospital and will be used for their intended purposes at all times.

12. CONVALESCENT PATIENTS AVAILABLE FOR LIGHT DUTY. - Convalescent patients are available for light duty under provisions of Par 2, b, (2), AR 40-590 which reads as follows: "By order of the Commanding Officer of the Hospital, and under direction of the Commander of the Detachment of Patients, Convalescent Patients may be employed to perform such light duty in and about the hospital as may be of therapeutic value or which may tend to improve their physical condition".

13. CONDUCT OF PATIENTS IN ISOLATION WARDS. - Upon admission to the isolation wards of this Hospital, patients will be assigned to the proper room by the Ward Officer and thereafter will remain in that room or, when permitted, on the porch immediately in front of it. Ward Officers in charge of isolation wards will personally instruct patients on admission to this effect.

14. VISITING OTHER PATIENTS. - Patients will not be permitted to visit on other wards of the Hospital except during regular visiting hours, 1400 to 1600 hours--1800 to 2100 hours, and then only by permission of the Ward Officer or Nurse in charge. (HR 15-45)

15. COMPLAINTS. - Patients having complaints will be granted a hearing by the Ward Officer, who will institute such action as he may consider appropriate or refer the matter to the proper authority.

16. GENERAL. - Patients are to remain on the ward or in the Patients' day room unless they have permission to be elsewhere. Patients will not enter or loiter in the nurses' or Ward Officer's offices. They will not go into the supply closet, utility room, or kitchen on the ward and will refrain from handling any equipment in those rooms unless specifically directed to do so.

17. REGULATIONS TO BE MADE KNOWN TO PATIENTS. - A copy of these regulations will be placed on all bulletin boards or other conspicuous place in each ward and all patients upon admission to a ward will be instructed to read them so that they may be fully informed in regard to their provisions.

18. ENFORCEMENT OF THESE REGULATIONS. - All officers, nurses, non-commissioned officers, wardmasters and other personnel having jurisdiction over patients in hospital will be held strictly accountable for the enforcement of these regulations.

19. REPORTS. - None.

20. AUTHORITATIVE REFERENCES. -

a. AR 40-590, 29 Aug 44, Administration of Hospitals.

b. HR 15-45 CGH, 1 Jan 46, Visitors and Visiting Hours.

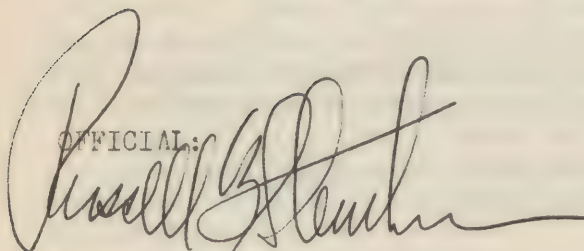
21. RESCISSIONS. -

a. HR Crile Gen Hosp, 15 Feb 44, Conduct.

b. HR Crile Gen Hosp (Change #10), 15 Dec 45, Conduct.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

PASSES, FURLOUGHS, AND SICK LEAVES - PATIENTS

	Paragraph
Passes, General Policy	1
Classification	2
Procedure for Granting Passes	3
Convalescent Furloughs	4
Furloughs, Ordinary	5
Sick Leaves, Officer Patients	6
Reports	7
Authoritative References	8
Rescissions	9

1. PASSES, GENERAL POLICY. - Patients in this Hospital will be granted passes when in the opinion of the Ward Officer it will benefit his convalescence and when studies and treatment will in no way be interrupted by absence from the Hospital. Patients in closed or isolated wards will not be granted passes.

2. CLASSIFICATION. - All patients will be required to have a pass before leaving this military reservation. Regular passes will be granted from 1200 to 2300 hours daily. Weekend passes will be granted from 1200 hours on Saturday until 1200 hours Monday. Overnite passes will be granted only to those patients whose family lives in the immediate vicinity.

3. PROCEDURE FOR GRANTING PASSES. -

a. Patients within wards who are eligible for passes will request same from Ward Officer by signing WD AGO Form 3-171 which will be posted on the bulletin board of each ward daily. Before the Ward Officer approves this pass list by affixing his signature at the bottom, he will make certain that those patients are not committed with appointments before any boards, under restriction for disciplinary measures, awaiting courts-martial, or undergoing court sentence, or have appointments with clinics, laboratories, professional consultants, or are on orders to depart from this Station. If the patients have any of the above commitments, their names will be crossed from the pass list.

b. From this approved list the wardmaster will complete in duplicate WD AGO Form #7 (Enlisted Men Passes) and submit them along with the approved pass list to the Commanding Officer of the Detachment of Patients for approval twenty-four hours before starting time of the pass. No passes will be accepted without approved list. The wardmaster will pick up originals of passes two hours before they are scheduled to begin. Duplicates will be filed in the Detachment of Patients Office.

c. Passes will be checked daily by the 1st Sgt of Detachment of Patients and he will list all those who have failed to return or arrived late. Absentees will again be checked 24 hours later and this list will be submitted to the Commanding Officer of Detachment of Patients for disciplinary action deemed necessary.

4. CONVALESCENT FURLONGHS. -

a. Convalescent furloughs will be granted enlisted patients at this Hospital in accordance with AR 615-275 and other current War Department Directives.

b. Personnel eligible for convalescent furlough will initiate WD AGO Form 8-170, Absence Request. Ward Officer will approve or disapprove and then submit it to Chief of Service who will forward approved request to Commanding Officer, Detachment of Patients for final approval. Furlough papers will then be prepared by the Detachment of Patients' Office. The completed furlough will be sent to Admission and Disposition Office, where furlough will be picked up by the individual concerned. From the duplicate of furlough the A & D Office will extract necessary information for A & D sheet and then return same to Detachment of Patients' Office for file in suspense file.

5. FURLOUGH, ORDINARY. - Ordinary furloughs for enlisted patients will be issued only in exceptional circumstances. When such furlough is deemed necessary, the same procedure outlined in Par 4 above will be followed.

6. SICK LEAVES, OFFICER PATIENTS. - Sick leaves will be granted officer patients in accordance with AR 605-115. Steps necessary to acquire sick leaves are as follows:

a. Officer will submit completed WD AGO Form 8-170 to Ward Officer.

b. Ward Officer will forward application with his recommendation to the Chief of Service.

c. Chief of Service will transmit application to Registrar, if he approves.

d. Registrar will send application to Executive Officer for final action.

e. Approved sick leave will be issued on Crile General Hospital Special Orders, copies of which are sent to R & D.

f. R & D notifies officer patient who will pick up his special orders.

7. REPORTS. - None.

8. AUTHORITATIVE REFERENCES. -

a. AR 615-275, 2 Sept 44, Authorized Absence.

b. AR 605-115, 9 Nov 45, Leave of Absence and Delay.

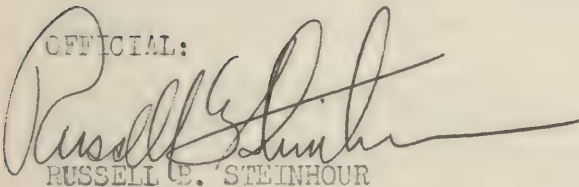
9. RESCISSIONS. -

a. HR Crile Gen Hosp, 15 Feb 44, Procedure for Granting Passes.

b. HR Crile Gen Hosp, 17 Apr 44, Procedure for Granting Passes.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-1240)

HR 40-1240
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

AWOL CONTROL POLICY FOR PATIENTS

	Paragraph
AWOL Officers.....	1
Procedure on Admission.....	2
Checking of Clothes.....	3
Orientation Talks.....	4
AWOL Film Strip.....	5
Interviews by Ward Officers.....	6
Passes and Furloughs.....	7
Discipline.....	8
Reports.....	9
Authoritative Reference.....	10
Rescissions.....	11

1. AWOL OFFICERS. - An officer will be designated by Special Orders as AWOL Officer whose duty is to coordinate and supervise the AWOL program. (Memo 49, 5th SvC). The following procedure will be used as the AWOL Control Policy for this Hospital.

2. PROCEDURE ON ADMISSION. - Upon admission to the R & D Office, each patient will be given a Brochure titled "What's On Your Mind Soldier". This pamphlet gives the patient a clear picture of activities and policies of this Hospital. He is also issued a pamphlet "Take it From Me" which deals with AWOLS.

3. CHECKING OF CLOTHES. - When admitted, patients check their clothing in the Central Clothing room located near the R & D Building. Their clothing remains in this room at all times only being removed when attendants are presented with a pass or furlough from the patient, or written request from the Ward Nurse for the purpose of cleaning. However, clothing let out for cleaning will be returned within seven days.

4. ORIENTATION TALKS. - Orientation talks will be scheduled each Monday, Wednesday and Friday at 0830 hours for all newly admitted patients. These talks will be given in two parts by Officers who are thoroughly indoctrinated.

a. Orientation Talk #1. - Given to make clear what a patient can expect from the Hospital and what the Hospital expects from a patient. It will cover more thoroughly the subjects contained in the brochure which is given to each patient upon admission. Particular attention will be paid to inform the patients that the Hospital is a military organization and as patients, they are subject to the same rules and discipline as in any other military unit.

b. Orientation Talk #2. - "Indoctrination of Personal Records". Its purpose being to inform the soldier about his personal record and to demonstrate to him the value of keeping his record clean both while in the Army and after he returns to civilian life. This talk will bring out the number of records which are affected when a man goes AWOL. Pamphlet "Take It From Me" will be discussed in full.

c. During these talks there will be AWOL slides which shows punishment and consequences of anyone who goes AWOL. These slides depict the loss of time to be made up. Loss of pay and records involved whenever a man leaves without permission.

5. AWOL FILM STRIP. - At all patients' movies at the Red Cross there is attached to the beginning of the feature film a small film strip which reads, "AWOLS ARE PUNISHABLE BY COURTS-MARTIAL. DON'T GO AWOL".

6. INTERVIEWS BY WARD OFFICERS. - As soon as possible after admission, each patient will be interviewed by the Ward Officer. This interview will be so conducted as to establish a close doctor-patient relationship and to make the patient feel free to discuss with his Ward Officer any problems personal or otherwise, that he (the patient) may have. The Ward Officer will impress upon the patient the necessity for thorough examination and immediate treatment which will require time but that the patient will be given a furlough, if necessary, as soon as his condition permits. Ward Officers will definitely remind the patient that he is still in an army installation and is subject to same rules and regulations as any other Army unit. The Ward Officer will impress upon the patient that to absent himself without leave will be punishable by courts-martial, in which case his personal records will show that fact and his pay will also be affected.

7. PASSES AND FURLOUGHS. - Passes and Furloughs will be issued only upon approval from the Ward Officer who will ascertain to the patient's physical fitness. When granted a furlough, each patient will be issued a War Department pamphlet #21-16 entitled, "So You've Got a Furlough" and "Private Jerk". Also issued at that time is a leaflet entitled, "INFORMATION FOR ENLISTED MEN FURLOUGHS AND PASSES".

8. DISCIPLINE. - Disciplinary action for AWOL cases among patients will be certain, prompt and adequate in severity and uniform in application. Courts-martial will only be resorted to where action under 104th Article of War is inadequate. While due consideration will be given to services rendered by the patient when overseas, disciplinary action will be taken in all cases.

9. REPORTS. - AWOLS are reported daily by letter to Hq, 5th SvC.

10. AUTHORITATIVE REFERENCES. -

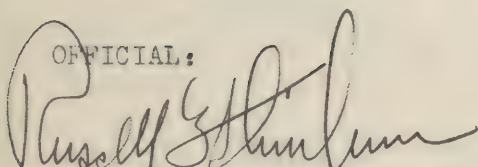
a. Memo 49 Hq, 5th SvC, 17 May 1945, AWOL Program for Hospitals.

b. HR 40-1230 CGH, 1 Jan 1946, Passes, Convalescent Furloughs and Sick Leave.

11. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON;

OFFICIAL:



RUSSELL B STEINHOOR

Major, MAC

Adjutant

RUSSELL B STEINHOOR

Major, MAC

Adjutant

HOSPITAL REGULATIONS)
NO. 40-1305)

IR 40-1305
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

PATIENTS PERSONNEL BRANCH

	Paragraph
General.....	1
Processing.....	2
Review of Service Record.....	3
Transfer of Service Record.....	4
Authoritative References.....	5
Rescissions.....	6

1. GENERAL. - Patients Personnel Branch embraces all activities requiring changes of, or entries in the service record; is responsible for and charged with the proper posting of items, the transfer and closing of the service record.

2. PROCESSING. - All patients, both ambulatory and non-ambulatory, are processed within 48 hours after admission to this hospital. In the presence of authorized personnel, he is permitted to review his service record and question any entry therein. Immediate steps are taken to correct any errors or omissions. The patient is permitted to review his record during office hours at any future date.

3. REVIEW OF SERVICE RECORD. - Upon receipt of service record it is carefully checked by trained personnel for proper entries. Locator cards are checked against the service record and corrected where necessary.

4. TRANSFER OF SERVICE RECORD. - In the case of patients arriving without service record, and it is not received within 15 days, a request for service record is forwarded to the Adjutant General's Office in accordance with existing Army Regulations. In those cases where the patient does not arrive within 15 days after receipt of his records, the records are forwarded to the Adjutant General's Office.

5. AUTHORITATIVE REFERENCES. -

a. AR 345, 5 Aug 1944, Personnel Management - Personnel Records.

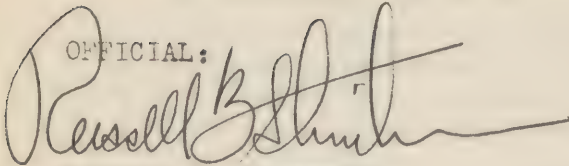
b. TM 12-230, Oct 1944, Service Records.

c. TM 12-230A, Sep 1945, Service Records.

6. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

A large, stylized handwritten signature in dark ink, appearing to read "Russell B. Steinhour". The signature is written over the word "OFFICIAL:" and extends to the right.

RUSSELL B. STEINHOUE
Major, MAC
Adjutant

RUSSELL B. STEINHOUE
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-1310)

HR 40-1310
CRILE GENERAL HOSPITAL
Cleveland 9, OH
1 January 1946

PAY OF PATIENTS - ENLISTED MEN

	Paragraph
General	1
Daily Payrolls	2
Monthly Payrolls	3
Closed Ward Payrolls	4
Partial Payments	5
Final Payrolls	6
Repayment of Soldier's Deposits	7
Authoritative References	8
Rescissions.....	9

1. GENERAL. - The payment of the enlisted patients at this General Hospital is the primary function of this office, and inasmuch as there are many types of payrolls each will be broken down.

2. DAILY PAYROLLS. - Three times a week service records of new patients are processed, and in the case of patients without service records, affidavits are initiated and signed by the patient. All pertinent pay data is entered on a pay data card giving such information as enlisted man's name, rank, serial number, years of service, date of last full payment, and any entries to be charged or credited to enlisted man's pay account. This information is then transcribed from the pay data card to a payroll (WD AGO Form No 366) and forwarded to the Finance Office for computation and payment. These rolls are paid within four days after arrival of enlisted men at this station.

3. MONTHLY PAYROLLS. - The tenth day of each month the base payroll for the month is started. This payroll is made up for all patients and is in rank and alphabetical order. All information is transcribed from the pay data card to WD AGO Form No 366, as in the case of the daily payrolls, and upon completion is forwarded to the Finance Office for computation and payment on the last day of each month. Such additional pay as furlough rations, Combat Infantry Pay, Expert Infantry Pay, Medical Badge Pay, etc., are paid together with accrued pay for the month. In the case of enlisted men who are indebted and cannot draw a full pay, a partial payment of \$10.00 per month is allowed until indebtedness is collected.

4. CLOSED WARD PAYROLL. - This payroll is initiated for those enlisted men in closed wards who are not paid in full. Information pertaining to pay is transcribed from the pay data card to WD AGO Form No 366, which, upon completion, is forwarded to the Finance Office for computation and payment. This pay is all accrued pay for the period each enlisted man is entitled to, and upon payment these checks are held in safekeeping in the Finance Office. However, each

patient is entitled to a partial payment of \$2.00 when in need. The nurse, or ward personnel will call this office giving the patient's name and rank.

5. PARTIAL PAYMENTS. - These payments are intended primarily for those enlisted men who are indebted and those patients in closed wards who cannot be paid in full. WD AGO Form 14-57, the partial payment form, is initiated and the enlisted man takes it to the Finance Office, signs the form, and is paid in cash immediately. In the case of partial payments of patients on closed wards, the WD AGO Form 14-57 is initiated after this office has been notified by ward personnel. The paying officer takes this form to the Finance Office, collects the proper amount of cash and takes it to the respective closed ward to pay each patient whose name was submitted.

6. FINAL PAYROLLS. - These payrolls are initiated for men being discharged from the military service under the provisions of Section I AR 615-361 (Certificate of Disability Discharge). There are three types which are broken down as follows:

a. Men Being Discharged to Own Care. - These patients are discharged for disability other than psycho-neurosis. The day after the patient appears before the Board for Certificate of Disability Discharge a payroll is initiated from the pay data card and the service record, crediting enlisted man with all due pay, travel allowance to the local board at which he was inducted, or to the point at which he enlisted, and Mustering-out payment. An individual payroll is initiated for each patient on WD AGO Form No 372a and is submitted upon completion to the Finance Office for computation. This payroll is paid the day of discharge before the man departs this station, and is paid in part cash and the balance in check form for safety against loss.

b. Men Discharged to Care of Relatives or to Veterans Administration Facility as Mentally Competent. - These patients are discharged as mentally competent, however, are released to the custody of relatives or a Veterans Administration Facility for continued care. The payrolls are initiated for these men in the same manner as the payrolls of men going to their own care, however, after computation by the Finance Office all due pay is forwarded together with the Honorable Discharge Certificate (WD AGO Form No 55) to the relative or to the respective Veterans Administration Facility, to be given to the patient at such time as he is in need of it.

c. Men Discharged to Care of Relatives or to Veterans Administration Facility as Mentally Incompetent. - These patients have been declared mentally incompetent to sign commercial papers by the Board of Officers who comprise the 600-500 Insanity Board. These payrolls are initiated on WD AGO Form No 371, crediting enlisted man with only accrued pay. When transportation is furnished by the Government to the Veterans Administration Facility, or home of relative, enlisted man is not paid a travel allowance. A form, the Certificate of Entitlement to Mustering-out Payment, is initiated for each man and is forwarded to the Finance Officer, U. S. Army, Washington 25, D C.

It will be necessary for the legal guardian of enlisted man to make claim to this office in order to receive this money. All back pay which has been held for patient is forwarded by the Finance Office to the General Accounting Office, Washington 25, D C, as is the pay credited on the final payment roll. The legal guardian must also make claim for this money. If, after discharge, patient is declared mentally competent to handle his own affairs he may make claim for all pay by enclosing a statement from his physician stating that in the physician's opinion the patient is mentally competent to handle his own affairs. The Honorable Discharge Certificate is forwarded immediately after it has been initiated to the Veterans Administration Facility or to the relative to whom patient was discharged

7 REPAYMENT OF SOLDIER'S DEPOSITS. - This money may be withdrawn by the patient by first going to the Commanding Officer of the Detachment of Patients and requesting withdrawal. When permission has been granted in letter form a payroll is initiated giving dates and amounts of deposits which the patient wishes to withdraw. The Soldier's Deposit Book must accompany this payroll, and in the case where patient was never issued a Soldier's Deposit Book, or in case of loss of Soldier's Deposit Book, an affidavit must be initiated and signed by the patient to the effect that he has not withdrawn this money on any prior date. This payroll is forwarded to the Finance Office 48 hours before payment. The patient is notified when to collect this money, plus any interest that is due

8. AUTHORITATIVE REFERENCES. - References used by this office are as follows:

AR 35-1440, 17 Nov 44, Loss of Pay During Absence Due to Disease

AR 35-1495, 1 Dec 44, Additional Pay for Parachute Duty

AR 35-1500, 8 Oct 42, Pay for Distinguished Service Awards.

AR 35-2340, 8 Feb 45, General Provisions Governing Pay of Enlisted Personnel

AR 35-2360, 7 Dec 44, Pay of Enlisted Personnel - Longevity Pay

AR 35-1520, 24 Feb 43, Payment of Furlough Rations, as amended

AR 345-75, 8 Jun 44, Soldier's Deposit Book and Report of Soldier's Deposits, as amended

AR 345-155, 15 Jan 43, Preparation of Army Payrolls

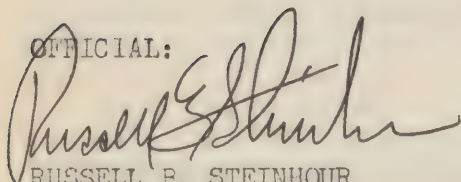
AR 345-475, 6 Nov 44, Final Payment Voucher

AR 615-361, Section I, 1 Nov 44, Discharge.
 WD Cir 367, 1944, Sec V, 9 Sep 44, Glider Flight.
 WD Cir 484, 1944, Sec III, 29 Dec 44, Foreign Service.
 WD Cir 106, 1945, Sec IV, 4 Apr 45, Payrolls.
 WD Cir 131, 1945, Sec V, 1 May 45, Payrolls.
 WD Cir 159, 1945, Sec III, 31 Dec 45, Hospital.
 WD Cir 229, 1945, Sec II, 28 Jul 45, Medical Badge.
 WD Cir 294, 1945, Sec IV, 27 Sep 45, Hospital. .
 WD Cir 335, 1945, Sec II, 3 Nov 45, Deposit.
 WD Cir 349, 1945, Sec IV, 21 Nov 45, Discharge.
 TM 14-502, Jan 1945.

9. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
 Major, MAC
 Adjutant

RUSSELL B. STEINHOOR
 Major, MAC
 Adjutant

HOSPITAL REGULATIONS)
NO. 40-1320)

HR 40-1320
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio
1 January 1946

ALLOTMENTS AND DEDUCTIONS - ENLISTED PATIENTS

	Paragraph
General	1
Procedure for Class E, D and N Allotments	2
Procedure for Class F Deduction	3
Procedure for Class B Allotments	4
Waiver of Insurance Premium	5
Insurance Report	6
Authoritative References	7
Rescissions	8

1. GENERAL. - All actions in connection with allotments and deductions are initiated by the enlisted man concerned. There are four classes of pay reservations, which are broken down as follows:

- a. Class E Allotment - Allotment of pay to a bank, to a civilian insurance company or to the enlisted man's family.
- b. Class B Allotment - Allotment of pay for the purchase of bonds which must be renewed with each change of station.
- c. Class F Deduction - Pay deduction for support of dependents.
- d. Class D and N Allotments - Allotment of pay for the payment of government insurance premiums.

2. PROCEDURE FOR CLASS E, D, AND N ALLOTMENTS. - WD AGO Form No 141 (Allotment of Pay Notification Form) 1 July 1945, is prescribed for the purpose of authorizing, re-authorizing, changing, or discontinuing either Class E, N or D allotments as prescribed in AR 35-5520 and WD Circular No 376 dated 18 December 1945.

3. PROCEDURE FOR CLASS F DEDUCTION. - WD AGO Form No 625 (Application for Family Allowances) 26 June 1942, is executed in all claims for family allowance. In the case of Class A dependents (wife or children) the form will be supported by either a photostatic copy of a marriage certificate or a birth certificate, as the case indicates. In the case of Class B dependents (mother, father etc.) the above form will be supported by WD AGO Form No 620 (Certificate to be Completed By All Individuals Living in One Household Claiming Dependency on Enlisted Man in Army.) 6 October 1943, which is executed by the dependent. In those cases of a change of status of a Class F deduction, WD AGO Form No 641 (Report of Change of Status and Address) 14 July 1942, is executed and supported by documentary evidence. The procedure for Class F deductions is prescribed in AR 35-5540.

4. PROCEDURE FOR CLASS B ALLOTMENT. - As prescribed in WD Cir No 290, 1944, as amended by WD Cir No 27, 1945, WD AGO Form No 29-0 is executed for all individuals desiring to purchase bonds through payroll deductions.

5. WAIVER OF INSURANCE PREMIUM. - Enlisted men hospitalized for six consecutive months may apply for waiver of insurance premium in compliance with AR 600-110 and WD Circular No 202 dated 5 July 1945. Veterans Administration Insurance Form 357 (Statement of Claim For Waiver of Premiums Under the National Service Life Insurance Act of 1940, as amended) February 1945, forwarded to this office in duplicate by the insurance officer. One copy is stapled to the rear of the service record and a remark made on the administrative page. The second copy is forwarded to the Veterans Administration with a copy of Insurance Form No 797 (Report of Disability for Insurance Purposes) which is executed by the enlisted man's ward officer.

6. INSURANCE REPORT. - In accordance with ASF Cir 340, dated 27 July 1945, a report is forwarded monthly to Headquarters, Fifth Service Command giving the following information:

- a. Strength of the Detachment of Patients as of the last day of each month.
- b. Number of patients owning either United States Government Insurance or National Service Life Insurance.
- c. Total value of all insurance.

This report is initiated in three copies, the original and duplicate of which is forwarded to the Fifth Service Command, and the triplicate is retained in files of this office.

7. AUTHORITATIVE REFERENCES. - References used by this office are as follows:

- AR 35-5520, 30 Sep 45, Allotments of Pay.
- AR 35-5540, 5 Jan 44, Family Allowances of Enlisted Men.
- AR 600-100, 31 Aug 42, United States Government Life Insurance.
- AR 600-110, 7 Sep 44, National Service Life Insurance.
- WD Cir 15, 12 Jan 44, Allotments of Pay.
- WD Cir 290, 11 Jul 44, Procedures for Purchase and Issuance of United States Savings Bonds.

WD Cir 337, 17 Aug 44, Sec I, National Service Life Insurance Conversion of 5 year Level Premium Term Insurance to Permanent Plan.

WD Cir 27, 23 Jan 45, Procedure for Purchase and Issuance of United States Savings Bonds.

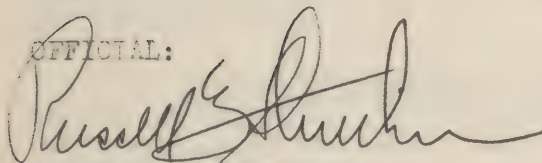
WD Cir 269, Sec II, 7 Sep 45, Allotments, Discontinuance of Class B upon Shipment to Separation Center.

WD Cir 376, Sec I, 7 Dec 45, Allotment of Pay Notification Form.

8. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

AWARDS AND DECORATIONS - PATIENTS

	Paragraph
General	1
Awards Authorized but Not Received	2
Awards Claimed But Not Authorized	3
Good Conduct Medal	4
Purple Heart	5
Battle Participation Credits	6
Ribbons	7
Authoritative References	8
Rescissions	9

1. GENERAL. - The presentation of ribbons and the cutting of orders for awards and decorations are made in accordance with existing Army Regulations.

2. AWARDS AUTHORIZED BUT NOT RECEIVED. - Patients authorized medals or badges by service record entries are placed on a list which is forwarded to the Public Relations Office once a week for presentation at a formal ceremony.

3. AWARDS CLAIMED BUT NOT AUTHORIZED. - Patients claiming a medal or badge not authorized by service record entry are referred to the appropriate liaison officer, who initiates correspondence in an effort to correct the omission.

4. GOOD CONDUCT MEDAL. - Service records are checked weekly for those patients entitled to Good Conduct Medals. Orders are requested for presentation of the award. After presentation proper entries are made in the service record.

5. PURPLE HEART. - Medical records are checked for those patients claiming the award but not previously authorized or presented the award. If entitled to the award they are placed on orders and presented the medal at a formal ceremony. After presentation the proper entries are made in the service record.

6. BATTLE PARTICIPATION CREDITS. - Where patients' claim for battle credits are not substantiated by service record entries, War Department General Orders are checked for units and battles, and omissions corrected.

7. RIBBONS. - Ribbons are issued to patients on claim being substantiated by service record entries.

8. AUTHORITATIVE REFERENCES. - References used by this office are as follows:

AR 600-45, 22 Sep 45, Personnel, Decorations.

AR 600-65, 10 Nov 28, Award and Supply of Service Medals.

AR 600-68, 4 May 43, Personnel, Good Conduct Medal.

AR 600-75, 21 Dec 36, Badges for Marksmanship, Gunnery,
etc.

AR 600-80, 25 Feb 43, Badge for Army Air Force Techni-
cians.

WD Cir 62, 11 Feb 44, Campaign Medals for Current War.

WD Cir 268, 30 Jun 44, Insignia to Denote Overseas Ser-
vice.

WD Cir 337, 1944, Section II, Awards.

WD Cir 435, 1944, Section I, Badge for Army Air Force
Technicians.

WD Dir 465, 1944, 9 Dec 44, Award Bronze Arrowhead to
Denote Combat Parachute Jump and Glider Landing.

WD Cir 90, 21 Mar 45, Sec II, Award, Bronze Arrowhead.

WD Cir 1936, 7 May 45, Sec II, Award Phillipine Defense
Ribbon and Phillipine Liberation Ribbon.

WD Cir 229, 28 Jul 45, Medical Badge and Addition Pay
Therefor.

WD Cir 263, 31 Aug 45, Sec II, Badge, Expert and Combat
Infantry with Zone of Interior Medical Installations.

WD Cir 263, 31 Aug 45, Sec IV, Medical Badge Eligi-
bility.

WD Cir 270, 8 Sep 45, Sec III, Award, Phillipine Defense
Ribbon and Phillipine Liberation Ribbon, as amended.

WD GO 70, 20 Aug 45, Units Credited with Assault Landings.

WD GO 84, 5 Oct 45, Battle Honors.

WD GO 85, 10 Oct 45, Units Entitled to Battle Credits.

WD GO 86, 12 Oct 45, Battle Honors, Citation of Units.

WD GO 90, 20 Oct 45, Battle Honors.

WD GO 91, 22 Oct 45, Units Entitled to Battle Credits

Section XI.

WD GO 92, 25 Oct 45, Battle Honors, Citation of Units,

WD GO 93, 26 Oct 45, Units Entitled to Battle Credits.

WD GO 94, 27 Oct 45, Units Entitled to Battle Credits.

WD GO 96, 31 Oct 45, Units Entitled to Battle Credits.

Section IX.

WD GO 98, 5 Nov 45, Battle Honors, Citation of Units,

WD GO 99, 6 Nov 45, Units Entitled to Battle Credits.

WD GO 100, 7 Nov 45, Battle Honors.

WD GO 101, 8 Nov 45, Battle Honors, Additions to Lists
of Battles and Campaigns of United States Army, Sec VI.

WD GO 102, 9 Nov 45, Units Entitled to Battle Credits.

WD GO 105, 19 Nov 45, Battle Honors, List of Battles
and Campaigns.

WD GO 108, 23 Nov 45, Battle Honors, Citation of Units.

WD GO 109, 24 Nov 45, Battle Honors.

WD GO 116, 11 Dec 45, Units Entitled to Battle Credits.

WD GO 124, 27 Dec 45, Battle Honors, Correction in
General Orders, Sec XIII.

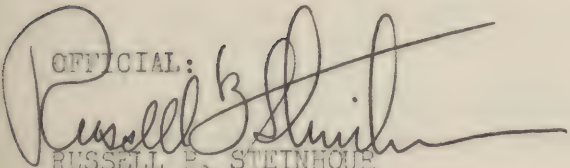
TM 12-280, Sep 45, Decorations and Citations

Letter, WD AGO, AGPD-C, 200.6, 12 Sep 45, Subject:
Units Cited for Battle Participation, with inclosure.

9. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOUR
Major, MAC
Adjutant

RUSSELL B. STEINHOUR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 40-1340)

HR 40- 341
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

CLASSIFICATION AND ASSIGNMENT OF OFFICERS - PATIENTS

	Paragraph
General.....	1
Classification of Officers.....	2
Assignment of Officers.....	3
Distribution of Disposition Boards.....	4
Retirement of Officers.....	5
Authoritative References.....	6
Rescissions.....	7

1. GENERAL. - Officers are not classified until they have reached maximum hospitalization at which time they appear before either a Disposition Board or an Army Retiring Board. As a result of the board proceedings an officer is either returned to duty or retired in accordance with existing regulations.

2. CLASSIFICATION OF OFFICERS. - Orders from former commands may require any of the following changes to be made on an Officer's Qualification Record (WD AGO Form No 66-1 and 66-2):

- a. Change of rank.
- b. Change of home address (Request of Officer).
- c. Changes in marital status.
- d. Authorization of awards or decorations.
- e. Record of hospitalization.

3. ASSIGNMENT OF OFFICERS. - Immediately following appearance before a disposition board the records of an officer patient are processed in the following manner:

- a. Return to full military duty.

(1) Officers hospitalized from a duty status at an installation located in the Zone of Interior will be returned to their former organization.

(2) Orders are requested and pertinent papers are forwarded to the appropriate station.

(3) Officer returnees will be ordered to Reception Station serving the area in which his home is located for reassignment to duty.

b. Return to temporary limited duty for a period of not more than six months.

(1) Officers hospitalized from a duty status at an installation located in the Zone of Interior will be returned to his former organization with instructions to either automatically revert to a full military duty status on the specified date, or return to an appropriate medical facility on the specified date for reconsideration of his physical capacity for military duty.

(2) Officer returnees will be ordered to the Reception Station serving the area in which his home is located for reassignment to duty with instructions to either automatically revert to a full military duty status on the specified date, or return to an appropriate medical facility on the specified date for reconsideration of his physical capacity for military duty.

c. Return to duty in a permanent limited duty status.

(1) A statement will be signed by the officer stating that he does or does not desire to remain on duty in a permanent limited capacity.

(a) For officers desiring to remain on duty in the above stated capacity, a wire requesting certification of essentiality will be forwarded to the Adjutant General's Office, the reply will direct the officer be ordered either to duty at a station specified by the Adjutant General, or to appear before an Army Retiring Board.

(b) Officers not desiring to remain on duty in a permanent limited status will be scheduled and ordered to appear before an Army Retiring Board.

4. DISTRIBUTION OF DISPOSITION BOARDS. - Four copies of the Disposition Board proceedings are distributed as follows:

- a. Original copy forwarded to Adjutant General's Office.
- b. Second copy forwarded to Commanding Officer of station of assignment.
- c. Third copy for filing at this station.
- d. Fourth copy forwarded to Commanding General of service command to which officer is assigned.

5. RETIREMENT OF OFFICERS. - Officers are interviewed prior to appearing before a Retiring Board for the purpose of accomplishing the following:

a. Work sheet for WD AGO Form No 53-98 (Certificate of Service) is filled out and approved by officer.

b. The first five copies of WD AGO Form No 53-98 (Certificate of Service) are signed in blank by the officer and are thumb-printed in the appropriate space.

Upon direction of the Retirement Board the officer is placed on an inactive status and WD AGO Form No 53-98 is completed, allotments are discontinued and the following instruments assembled and forwarded to the proper Separation Center by letter of transmittal:

- (1) Special orders - four copies.
- (2) WD AGO Form No 30-S.
- (3) WD AGO Form No 53-98.
- (4) WD AGO Form No 63.
- (5) WD AGO Form No 65-1.
- (6) WD AGO Form No 66-1.
- (7) WD AGO Form No 100.

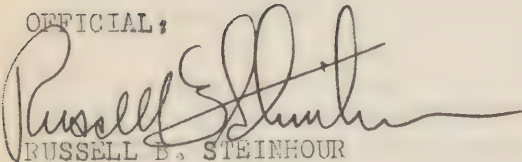
6. AUTHORITATIVE REFERENCES. - References used by this office are as follows:

- a. WD Cir 290, Sec II, 22 Sep 1945, Release of Surplus Officers.
- b. WD Cir 313, 12 Oct 1945, Physical Reclassification of Officers.
- c. TM 12-236, Apr 1945, Preparation of Separation Forms.
- d. TM 12-405, Oct 1945, Officer Classification, Civilian Occupations.
- e. R-R 1-5, 30 Apr 1945, Personnel Procedures for Readjustment of Officers.
- f. TM 12-406, Oct 1943, Officer Classifications, Commissioned.

7. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON;

OFFICIAL:

A handwritten signature in dark ink, appearing to read "Russell B. Steinhour", written over the typed name.

RUSSELL B. STEINHOOR

Major, MAC

Adjutant

RUSSELL B. STEINHOOR

Major, MAC

Adjutant

SEPARATION COUNSELING BRANCH

	Paragraph
Mission	1
Organization and Specific Duties	2
Standard Operating Procedure	3
Reports	4
Authoritative References	5
Rescissions	6

1. MISSION. - The Separation Counseling Branch is responsible for rendering assistance to military personnel being separated from the service by means of group orientation, preparation of the Separation Qualification Record, and individual counseling. This assistance, referred to as separation classification and counseling, is designed to aid military personnel on their return to civilian life. Counseling activities are conducted with the cooperation of authorized representatives of other governmental and civilian agencies. (TM 12-222, TM 12-235, WD Cir 308).

2. ORGANIZATION AND SPECIFIC DUTIES. -

a. Group orientation will be afforded through a talk delivered to each group of separatees on the topics of processing procedures, insurance, mustering-out pay, wearing of the uniform after discharge, rights and benefits, training and education, services available to veterans by authorized civilian and governmental agencies, and such other information as is pertinent to personnel being separated from the service. Films, film strips, and other visual aids may be used to supplement the talk.

b. Separation Qualification Record (WD AGO Form 100) will be prepared in individual interview with each separatee from information supplied by him and from his Soldiers Qualification Record (WD AGO Form 20). In each case the Form 100 will include identification data, summary of military and civilian occupational and educational history, and job descriptions of significant occupational experiences. Whenever practicable, conversions of military experience to civilian occupations will be suggested.

c. Individual conference will be held with each man for the completion of Form 100 and extended whenever practicable to include discussion and counseling on personal problems of a vocational or educational nature. Discussion of interests, aptitudes, skills and ambitions in the light of opportunities in broad fields of activity and in general methods of attaining the end sought by the individual will be encouraged but will be voluntary with the separatee. All questions raised by the separatee will be answered as fully and accurately as possible or he will be referred to the appropriate governmental or

civilian agency capable of assisting him while he remains in the hospital or after his return to his home community. In the case of mentally incompetent separatees, Form 100 for those judged by the neuropsychiatrist as incapable of being interviewed will be completed from existing records.

d. Identification Discharges Certificates, authorizing special coach fare for the home journey, will be made available to each separatee. Certificate will be completed by the counselor.

e. Previous Employer Card (WD AGO Form 519) will be completed at the time of interview for those separatees holding previous employment rights.

f. Tests of interest, aptitudes, scholastic attainment, and trade knowledge will be administered to separatees desiring such tests. Whenever possible such testing will be administered prior to CDD Board action.

3. STANDARD OPERATING PROCEDURE. -

a. Group orientation talks will be given on the day prior to CDD Board action to such patients as appear on the CDD roster prepared by the Registrar.

b. Preparation of the Separation Qualification Record and individual conferences will be scheduled on the basis of thirty (30) minutes per separatee per counselor available for the day of the CDD Board meeting and the day following. A copy of the processing schedule will be furnished each separatee as he leaves the Board Room. Schedule will indicate the steps he must complete in his separation processing, the location of agencies he must visit and the hour and date of his appointment with each. Interviewer at each station will initial the schedule sheet as clearance for the separatee.

c. Form 100 will be prepared on worksheet during interview and later typed in quadruplicate. Original and first carbon will be forwarded to Patients Personnel Office for delivery of original to separatee and carbon to medical records. Second carbons for each board group will be assembled by home states of separatees and mailed to Veterans' Representative, War Manpower Commission of the state. Third carbon will be retained for reference file.

d. Identification Discharges Certificate, signed, will be forwarded to Patients Personnel Office for delivery to separatee.

e. Previous Employer Cards will be mailed daily.

4. REPORTS. - No regular reports are required.

5. AUTHORITATIVE REFERENCES. -

a. TM 12-222, 20 Sep 45, Chapters 2, 10, 21, Separation Center Operations.

b. TM 12-235, 1 Jan 45, Chapter 1, Enlisted Personnel - Discharge and Release from Active Duty (Other than at Separation Centers).

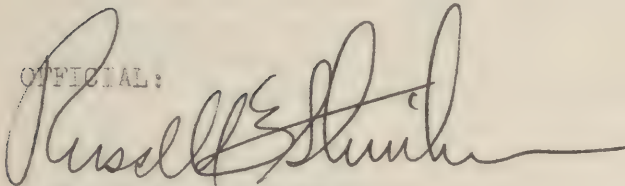
c. WD Cir 308, 1945, Separation Classification and Counseling of Military Personnel.

d. HR 10-45, CGH, 1 Jan 46, Liaison Activities.

6. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

MEDICAL SUPPLY

	Paragraph
General Duties	1
Organization and Functions	2
Requirements for Medical Supplies	3
Procurement	4
Warehousing	5
Stocks and Stock Records	6
Issues, Back Orders and Receipts	7
Alcohol, Narcotics and Habit Forming Drugs	8
Inventories and Accountability	9
Stock Adjustments	10
Repair and Renovation of Medical Department Equipment	11
Salvage	12
Reports	13
Authoritative References	14
Rescissions	15

1. GENERAL DUTIES. -

a. The Medical Supply Officer (MSO) is appointed by Special Orders and is responsible for adequate procurement, receipt, storage and issue of all medical supplies and equipment; he is the accountable property officer. ASF M301, 406.16.

b. He is responsible for the maintenance of proper stock levels. TM 38-220.

c. He is responsible for the maintenance and operation of such utilities as may be authorized for the repair and upkeep of medical department property.

d. He is technical advisor to the Commanding Officer on all matters pertaining to Medical Supply and maintenance of Medical Department property. AR 40-1705.

e. The MSO is also appointed Signal Property Officer by Special Orders and as such is responsible for adequate procurement, receipt, storage and issue of signal property in accordance with identical procedures as follows and as prescribed in current directives quoted. M301, 406.15.

2. ORGANIZATION AND FUNCTIONS. -

a. The Medical Supply Service is organized into four sections:

(1) Administrative.

(2) Stock Control.

(3) Warehouse.

(4) Maintenance and Repair.

b. Personnel requirements and duties for these sections are:

(1) Administrative Section.

(a) Chief Clerk. - Duties.

1. Receives all incoming mail, both from post office and message center. Stamps and sorts mail upon receipt and forwards to proper section.

2. Checks all outgoing mail in Medical Supply, including reports and requisitions, for accuracy and neatness.

3. Supplies information pertaining to all phases of Medical Supply and Signal Property and follows up action on all reports, requisitions and duties in the department.

4. Maintains Signal Property records and stock levels and initiates requisitions for same when required

(b) Clerk-Stenographer. - Duties:

1. Types all correspondence for MSO and maintains master file in Medical Supply of all correspondence, circulars and directives, making all necessary changes as required.

2. Maintains time records on civilian personnel in Medical Supply.

(2) Stock Control Section.

(a) Stock Record Clerk. - Duties:

1. Maintains all Medical Supply stock record cards by currently posting all items listed on vouchered records.

2. Maintains voucher file for Medical Supply.

(b) Requisition Clerk. - Duties:

1. Types all requisitions for Medical Supply and Signal Property Officer.

2. Prepares all due-out back orders for Medical Supply.

(c) Memorandum Receipt Clerk. - Duties:

1. Maintains a current jacket file for each memorandum receipt account in Medical Supply and Signal Property.
2. Prepares consolidations semi-annually, or oftener if required, for each memorandum receipt account.

(3) Warehouse Section.

(a) Storekeepers. - Duties:

1. Receive, warehouse and ship all supplies and equipment for Medical Supply and Signal Property.
2. Issue all property for which this department is Accountable.

(b) Warehouse Laborers. - Duties:

1. Assist storekeepers in crating and uncrating equipment.
2. Assemble beds, furniture and equipment and under supervision set up equipment on new wards and departments.

(4) Maintenance and Repair Section. -

(a) Medical Department Maintenance Repairman. - Repairs and services all Medical Department equipment including X-Rays, surgical equipment, wheel chairs, etc.

(b) Seamstresses. - Duties:

1. Repair all linens used in Surgery.
2. Prepare all new articles of linen for use in Surgery.

3. REQUIREMENTS FOR MEDICAL SUPPLIES. - Hospital requirements for Medical supplies and equipment are based on total bed capacity and past issue experience to this station and satellite stations. This hospital was originally equipped with supplies and equipment in accordance with Medical Department Equipment List for General Hospital, Cantonment Type, ZI (Item 9723400 and Item 9724600). Stock record levels are revised periodically by MSO and representatives from medical depots and Fifth Service Command as requirements demand.

4. PROCUREMENT. - The MSO is charged with timely requisitioning for such amounts of medical supplies as are needed for the requirements of this hospital and satellite stations.

a. Types of Supplies and Equipment. -

(1) All standard Medical Department supplies and equipment are listed in ASF Medical Department Catalog, 1 Mar 1944, and changes thereto. Standard items are requisitioned from St. Louis Medical Depot and Binghamton Medical Depot in accordance with St. Louis Medical Supply Memorandum No. 1.

(2) Expendable and nonexpendable supplies are ordered on the same requisition and quantities ordered are within the maximum stock level of individual item. TM 38-220.

(3) Nonstandard items are requisitioned on SGO through the St. Louis Medical Depot.

b. Methods. - Procurement is accomplished by requisition or local purchase. -

(1) Requisitions. -

(a) Requisitions for standard Medical Department items are forwarded to depot on WD AGO Form 445. All requisitions must contain complete data, required date and signature of MSO on original copy. M414.

(b) Monthly standard requisitions are forwarded by Class Numbers and on dates specified by St. Louis Medical Depot. Requisitions are prepared in triplicate, 2 copies forwarded to the depot and 3rd copy remaining in Medical Supply suspense file. ASF Manual 414.

(c) Any standard items on requisition requiring upward revision of stock level must be prepared on separate special requisition and forwarded with request for upward revision of levels attached.

(d) Special and emergency requisitions for supplies required in addition to monthly requirements may be forwarded to the depot at any time with the exception that no more than one such requisition may be forwarded to the depot on any one day. TM 38-403

(e) Nonstandard requisitions for supplies not listed in the Medical Department Catalog are forwarded to the depot in 5 copies, a 6th copy being retained in suspense file. Requisitions for nonstandard items must be complete in description of item, unit price, total price,

name and location of vendor, and sufficient justification for requesting item. SLMD Supply Memorandum No. 1.

(2) Purchases in Open Market. -

(a) Requests for purchases of supplies will be made to the MSO, by the Chief of Division or Service concerned, with the prior approval of the Commanding Officer. Request will be made on form authorized by TM 38-403, forwarded in duplicate.

(b) The MSO will forward approved purchase request to Purchasing and Contracting Officer, Quartermaster Office, for procurement. See HR 30-25.

(c) Exceptions to the above are purchases of spectacles and such emergency medical supplies as are authorized by par 7b (2), AR 40-1705. Emergency purchases of such items by the MSO are referred to the Purchasing and Contracting Officer for processing as soon as possible after purchase. ASF Cir 380, 1945

(d) Spectacles are purchased by MSO from contractor specified by St. Louis Medical Depot. Purchase orders for spectacles are prepared on Form No. 130 in eight copies and are forwarded in accordance with instructions contained in TM 38-403.

5. WAREHOUSING. - Medical supplies and equipment are received from the medical depot together with War Department Shipping Document. All items are checked upon receipt with quantities listed on shipping document. Actual quantities received are noted in the QUANTITY RECEIVED column and differences between quantities shipped and quantities received are certified by the MSO upon the War Department Shipping Document. After checking, items needed for immediate shelving in the issue warehouse are taken to that warehouse and remaining items are placed in bulk storage in accordance with current ASF directives on warehousing. All accomplished War Department Shipping Documents are forwarded to the Stock Control Section.

6. STOCKS AND STOCK RECORDS. -

a. Medical Department supplies and equipment are debited to stock record account of MSO by individual item. Expendable and nonexpendable stock record cards are separated in files and all issue slips, WD AGO Form 446, list expendable and nonexpendable items separately. All issue slips are given voucher numbers and credited to the warehouse balance on hand. Nonexpendable issue slips also receive account number of ward or department and the items, upon issue, are debited to the memorandum receipt account of responsible officer.

b. Nonexpendable equipment records are filed in a current memorandum receipt jacket file. Consolidations of these records are submitted at least twice each year to the responsible officer for inventory.

c. Stock levels on nonexpendable items are established by the station commander, considering the size, function and mission of the station, and are approved by the depot. Warehouse stock of nonexpendable items are not maintained unless required for replacement of hospital equipment based on replacement issue experience. For such non-expendable items, the status of stock to be compared with the level includes both stock on memorandum receipt and warehouse stock. TM 38-220.

d. Expendable supply stock levels are based on a 60 day issue experience. Stock levels on expendable items which have been issued less than 3 times in 90 days will not be maintained with the exception of utility items which are maintained for services on the post. TM 38-220.

7. ISSUES, BACK ORDERS AND RECEIPTS. - The MSO will be responsible for strict compliance with the following supply procedures to be followed by the responsible officer of the various services, sections, divisions, branches and wards of the hospital. Regular issues of supplies will be made weekly to all these wards and departments drawing directly from the supply warehouses.

a. To draw expendable supplies. -

(1) Responsible officer prepares Issue Slip (Form 446) in triplicate. ON HAND will be amount in department store room. STOCK NO., NOMENCLATURE, AND UNIT must be as listed in the Medical Department Catalog or item will be deleted. No more supplies should be drawn than will be used up in 10 day period. The responsible officer should assure himself at the time of signing the requisition (issue slip) that excess supplies are not accumulating. The ON HAND figure should be used as a guide in ordering.

(2) Responsible officer signs one copy (original) only.

(3) All three (3) copies are forwarded to the Medical Supply Office on days designated in schedule.

(4) When property is received from warehouse on issue date, an AUTHORIZED REPRESENTATIVE OF THE RESPONSIBLE OFFICER signs the original copy which is left with warehouseman. A duplicate copy is returned with the property to the responsible officer for his file.

b. To draw nonexpendable supplies and equipment. -

(1) Responsible officer prepares Issue Slip (Form 446) in triplicate as above on separate slip from expendable property.

(2) Responsible officer signs original only.

(3) Slips processed as above; the returned duplicate for the responsible officer's property file. TM 38-403.

c. To return serviceable nonexpendable equipment. -

(1) Responsible Officer prepares Property Turn In Slip (Form 447) in triplicate. QUANTITY will be quantity being returned; M/R noted in REMARKS column.

(2) Responsible Officer signs original only.

(3) When the property is received in the warehouse, warehouseman will sign original and one duplicate FOR STATION SUPPLY OFFICER, keep the original, and return the duplicate to the Responsible Officer for his property file.

d. To return unserviceable nonexpendable equipment out on memorandum receipt. -

(1) Responsible Officer prepares Turn In Slip (Form 447) in quadruplicate. STOCK NO., NOMENCLATURE AND UNIT must be as listed in the Medical Department Catalog; indicate in REMARKS column the reason for the turn-in as suggested at bottom of page under CIRCUMSTANCES: FWT, R/S, S/C, etc.

(2) Responsible officer signs original only.

(3) When unserviceable property is received in Repair Department, repairman will sign original and one duplicate FOR STATION SUPPLY OFFICER, keep the original, and return the duplicate to the responsible officer for his file as a credit to his memorandum receipt account.

e. Emergency issue of usual expendable supplies. -

(1) Responsible Officer prepares Issue Slip (Form 446) as before and types the word EMERGENCY on face of slip.

(2) Processing is same as before; issue may be made at any time. TM 38-403.

f. Security items. - Narcotics, barbiturates, gold, and platinum will be issued on Form 446. A separate issue slip will be prepared in triplicate for narcotics and alcohol; barbiturates will be on a separate issue slip; and gold and platinum will be on an issue slip separate from all other dental supplies. TM 38-403.

g. Issue of back order items. -

(1) Supplies and equipment back ordered by Medical Supply will be issued to the ward or department requesting the item immediately upon receipt from depot

(2) Issue Slip, Form 446, will be prepared in Medical Supply Office, and signed by MSO. Back order of department will be credited at time of posting to stock record card. Issue Warehouse will notify ward or department concerned that item is available and can be picked up at Medical Supply Warehouse.

h. Schedule of Issues. -

(1) The following departments will submit their issue slips to the MSO no later than noon on Monday for issue Wednesday morning, or sooner if notified by the warehouse:

Surgical Service	Central Supply
Eye Section	Dental Service
Plastic-Maxillo Facial Section	Pharmacy Service
Physical Therapy Section	X-Ray Service

(2) The following departments will submit their issue slips to the MSO no later than noon on Wednesday for issue Friday morning, or sooner if notified by the warehouse:

All Wards	Laboratory Service
Genito-Urological (G-U)	Medical Service
Section	Mess Division
E. N. T. Section	Out-Patient Service
Hand Plastic Surgical Section	Patients Administra-
Plastic Surgical Section	tive Division
Orthopedic Section	

(3) Occupational Therapy, Reconditioning Service, issue slips will be submitted by noon Thursday for issue Monday morning.

i. Non-standard items are requested by the Chiefs of Services with the prior approval of the Commanding Officer.

8. ALCOHOL, NARCOTICS AND HABIT FORMING DRUGS.-

a. The MSO is directly charged with the safekeeping

of all stores of ethyl alcohol, alcoholic liquors, narcotics and habit forming drugs until issued to the Pharmacy. He, or his designated Ass't. MSO, will receive and issue these supplies in person. All supplies of these articles will be kept locked in the vault especially provided for that purpose in the medical storeroom. All keys will be kept at all times by the MSO or his commissioned assistant personally.

b. Issues of absolute and ethyl alcohol will be made only to the officer in charge of the Pharmacy upon requisition signed by him.

c. Issue of alcoholic liquors, narcotics, and habit forming drugs will be made only to the officer in charge of the Pharmacy upon requisition signed by him.

d. All alcoholic liquors, alcohols, narcotics and habit forming drugs in the possession of the MSO will be checked once each month by the Post Medical Inspector. Written report of the findings will be made to the Commanding Officer immediately thereafter. TM 38-403; HR 20-5.

9. INVENTORIES AND ACCOUNTABILITY. -

a. Property Responsibility. - The MSO will maintain the account of property on memorandum receipt as prescribed in AR 35-6520. These receipts will be prepared in duplicate, renewed semi-annually or when property responsibility is transferred. Memorandum receipts presented to responsible officers will be immediately checked by them and the original signed and returned to the MSO within forty-eight hours; the duplicate to be filed in the ward or department. All notations of the responsible officer will be made on the duplicate. In no case will original copies be changed or notations made by other than the accountable officer. Transfers made for convenience during short leaves of absence will be made by receipt of new officer on reverse of old receipt.

b. Property Check, Monthly. -

(1) Officers having property on memorandum receipt will check all property for which they are responsible between the first and fifteenth day of each month. Report of such check, listing all overages and shortages found, will be made and forwarded to the MSO not later than 1200 hours the sixteenth day of each month.

(2) The MSO will consolidate the lists of overages and shortages as prepared by responsible officers, make such adjustments as are possible and report his action to the Commanding Officer.

(3) Under existing regulations Accountable Officers are required to take up as "Found at Post" all property in excess of that listed on his stock record account. To avoid duplication of accountability, responsible officers are directed to report all articles in excess of their responsibility in order that adjustments may be made of shortages found in other departments. In event that adjustments cannot be made of property lost, the responsible officer will be directed to proceed as set forth in AR 35-6640

(4) Responsible officers, when inventorying their department, should bear in mind that if any item of nonexpendable property is found and is not charged on their memorandum receipt, they will report such items as overages on his monthly inventory report. All such property not signed for rightly belongs to the MSO and will be returned to him.

c. Transfers of Property Between Responsible Officer -

When property responsibility in a ward or department is ordered transferred from one officer to another, the responsible officer, accompanied by his successor, will personally check all property on memorandum receipt. Report of such check with overages and shortages, will be made to the MSO who will prepare a new memorandum receipt for the new responsible officer. Shortages will be adjusted in accordance with AR 35-6640.

d. Transfer of Accountability. - When directed by official orders, the MSO will accomplish transfer of accountability to his successor as prescribed in regulations. AR 35-6680.

e. Inventories. - All Medical Department supplies and equipment, standard and nonstandard, must be inventoried every six months. Physical inventory is taken as prescribed in TM 38-403.

10. STOCK ADJUSTMENTS. -

a. Inventory Adjustments. - Any discrepancies in physical inventory which cannot be corrected must be adjusted on Inventory Adjustment, Form 444. Adjustments are verified by MSO and approved by Director of Supply or higher headquarters. Adjustments are then posted to stock record account of MSO.

b. Reports of Survey. - Whenever an accountable or responsible officer discovers loss, damage, destruction or shortage of nonexpendable property which cannot be adjusted in accordance with applicable Army Regulations to clear the item from his account, a Report of Survey, WD AGO Form 15, will be initiated by accountable or responsible officer within 30 days of discovery of loss, damage, destruction or shortage of property. Survey will be prepared in four copies in accordance with instructions contained in TM 14-904. All copies will be

forwarded to the accountable officer, who will certify and forward three copies to the Commanding Officer for further action. Fourth copy will be maintained in suspense file of accountable officer to support the reissue document or credit memorandum receipt. AR 35-6440.

11. REPAIR AND RENOVATION OF MEDICAL SUPPLIES. - Whenever the responsible officer desires repair or renovation of any article or articles of equipment, he will turn the article in to the MSO at the Medical Supply repair room, with a statement of the work desired. The MSO, upon receipt of such articles, will cause the necessary repairs to be made in compliance with current War Department directives.

12. SALVAGE. - Property turned into the Medical Supply repair room, which is determined to be beyond repair by the Medical Supply repairman, is turned over to the Salvage Officer on Form 147, with signed certificates, as prescribed in TM 38-403; HR 700-25.

13. REPORTS. - The following monthly and annual reports are required:

- a. Monthly Unserviceable Material Report, WD AGO Form 100-1.
- b. Monthly Dry Battery Requirements.
- c. Annual Report to Command Officer.
- d. Special Reports as required by higher headquarters

14. AUTHORITATIVE REFERENCES. -

- a. AR 35-6620, 16 Feb 1945, Property Accountability and Responsibility, as amended.
- b. AR 35-6640, 13 June 1942, Lost, Destroyed, Damaged or Unserviceable Property, as amended.
- c. AR 35-6680, 6 June 1942, Transfers of Property Accountability, as amended.
- d. AR 40-1705, 2 Nov 1942, Medical Department, Medical Supplies, as amended.
- e. ASF Cir No. 380, 9 Oct 1945, Supply.
- f. ASF M301, 15 June 1945, ASF Organization, 140616 Post Surgeon - Supply Functions.
- g. ASF M114, 21 Aug 1944, Procedure for Processing Domestic Requisitions.

h. ASF Medical Department Catalog, 1 Mar 1944,
as amended.

i. TM 14-904, April 1945, Accounting for Lost,
Damaged and Destroyed Property.

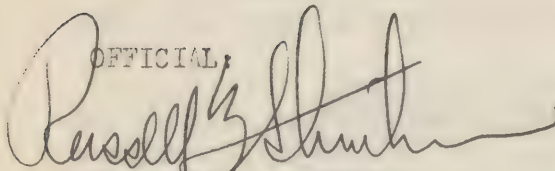
j. TM 38-220, May 1945, Stock Control Manual for
Stations.

k. TM 38-403, 1 Aug 1944, Station Supply Procedure,
as amended.

l. SLMD Supply Memo No. 1, 1945, as amended.

15. RESCISSIONS. - CGH HR, 15 Feb 1944; Hospital Regu-
lations.

BY ORDER OF COLONEL EMERSON:

OFFICIAL

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

BLOOD FOR TRANSFUSIONS

	Paragraph
Source of Blood.....	1
Purpose of Blood Banks.....	2
Organization for Drawing.....	3
Processing and Disposition of New Whole Blood.....	4
Disposition of Whole Blood.....	5
Records.....	6
Reports.....	7
Authoritative References.....	8
Rescissions.....	9

1. SOURCE OF BLOOD. -

a. Blood is obtained from three sources:

(1) Medical Supply (Item 1608800 Plasma, human, normal, dried). This will be used to combat protein depletion in patients and postoperatively where there has been little or no blood loss. The whole blood will be used chiefly for acute severe blood loss, especially when associated with shock.

(2) Civilian volunteers supplied by the American Red Cross.

(3) Military personnel on duty at this hospital. (This group is asked to donate or sell their blood only when the Blood Bank does not contain blood of the required type).

b. All patients receiving blood transfusions will henceforth be typed for the Rh factor. Although the supply of donors recruited by the Red Cross is adequate for Rh-positive patients, it is inadequate for those who are Rh-negative (since only 15% of all people are Rh-negative). Since many of these patients will receive several blood transfusions, it is necessary to give only Rh-negative blood to Rh-negative patients. Military personnel of this station who are physically qualified and willing to donate blood in cases of emergency are asked to volunteer for the blood donors list. Only those who are Rh-negative will be placed on the list, but in order to have a sufficient number with that factor, it will be necessary for the laboratory to test at least 200 persons.

2. PURPOSE. - A Blood Bank is maintained by the Laboratory Service for the purpose of Supplying whole blood upon request to the Professional Services (HR 40-305).

3. ORGANIZATION. - The Chief of Services concerned will furnish these personnel on the days and at the time the blood is drawn:

a. One medical officer from the Anesthesia and Operating Room Section will examine prospective blood donors and act as consultant.

b. One officer from the Laboratory Service to be responsible for drawing and processing the blood.

c. One nurse from the Anesthesia and Operating Room Section.

d. Three enlisted technicians from the Surgical Service.

e. One enlisted technician from the Medical Service.

4. PROCESSING AND DISPOSITION OF NEW WHOLE BLOOD. - Processing of the blood will consist of (1) determining its type, (2) Rh factor reference, and (3) performing a Kahn serological test for syphilis. All Kahn positive blood will be discarded at once. The Kahn negative blood will be stored in a refrigerator at the Laboratory for not more than ten days.

5. DISPOSITION OF WHOLE BLOOD. - Requests for blood are prepared in triplicate on WD AGO Form 8-216, 1 Oct 1945, by the Ward Officer and sent to the Chief of the Laboratory Service. Upon receipt of such request, the Chief of the Laboratory Service, or his representative, will then secure a specimen of blood from the patient, type the patient's blood, determine the Rh factor, and cross-match the patient's blood with the same type (and same Rh factor, if possible) of blood obtained from the bank or from military personnel if no suitable blood is available in the bank. (TB MED 204). When a satisfactory cross matching has been accomplished, the blood bank will be dispensed as follows:

(1) If the blood transfusion is to be given in surgery, the laboratory will deliver it to the operating room.

(2) If the transfusion is to be given on the ward, the laboratory will notify the ward and the latter will send for the blood.

(3) When military personnel are to be used as donors, they will report to the Operating Room with the transfusion request forms which have been properly signed by the responsible Laboratory Officer.

6. RECORDS. - Three copies of WD AGO Form 8-216 will accompany each unit of blood (500 c.c.) obtained from the Blood Bank to the place where the transfusion is to be given. When the transfusion is completed, the medical officer officiating, will then complete the last section of the transfusion request form. One completed copy is then filed with the patient's clinical record and the other two copies are sent to the Chief of the Laboratory Service. The Laboratory Service will file one copy with their record and if military personnel donor has been used, will deliver the other copy to the Medical Supply Officer for payment.

7. REPORTS. -

a. A monthly report is sent to the Chief of Surgical Service from the Chief of Laboratory Service showing:

- (1) The number of transfusions.
- (2) The number of Red Cross donors bled.
- (3) The number of detachment donors.
- (4) The number of blood units used.

b. The annual report will be compiled by the Chief of the Surgical Service at the end of each year from the accumulated monthly reports.

8. AUTHORITATIVE REFERENCES. -

a. AR 40-1715, 10 Aug 1945, Blood for Transfusion and Other Purposes.

b. TB MED 204, 24 Oct 1945, Complications of Blood Transfusion.

c. HR 40-40, 1 Jan 1946, Medical Service.

d. HR 40-60, 1 Jan 1946, Surgical Service

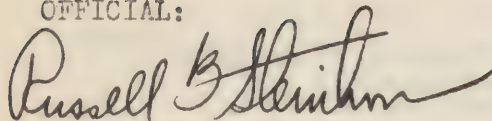
e. HR 40-305, 1 Jan 1946, Laboratory Service.

9. RESCISSIONS. -

a. CGH Bulletin 155, 30 June 1945, Para 5, Blood Trans-
fusions.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

A handwritten signature in dark ink, appearing to read "Russell B. Steinhour". The signature is fluid and cursive, with a large, stylized initial "R".

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

ORDNANCE

	Paragraph
Duties.....	1
Procurement of Ordnance Parts and Items.....	2
Liaison with Ordnance Shops and Depots.....	3
Reports.....	4
Authoritative References.....	5
Rescissions.....	6

1. DUTIES. - An Ordnance Officer will be appointed by Special Order to be responsible for:

a. Requisition, receipt, storage and issue of Ordnance supplies and equipment.

b. The maintenance of proper stock levels.

c. Such other functions of inspection, training, supply, maintenance, salvage and reclamation specified by the Commanding Officer or higher authority. ASF M301, 406.11.

2. PROCUREMENT OF ORDNANCE PARTS AND ITEMS. -

a. A model stock of Ordnance parts is maintained in the Ordnance shop to a standard set each month by the Base Ordnance Shop to which this hospital is attached. Items needed to replace this stock are replaced automatically without requisition by the visit of Model Stock Inspector of the Ordnance Base shop.

b. Under current Fifth Service Command Directives, CGH Motor Pool is limited to First and Second Echelon repair. Parts for standard vehicles are requisitioned from Shop A, Ordnance Base Shop, Newark, Ohio on WD AGO Form 445. Tools and accessories are requisitioned from Lordstown Ordnance Depot, Warren, Ohio or Fort Wayne Ordnance Depot as designated monthly by Shop A. Other items authorized which appear in Surplus Property listings may be requisitioned directly from listing agencies. Items and parts needed for non-standard vehicles are purchased locally either with funds supplied this station or funds allocated by the Ordnance Service. See HR 30-25.

c. Gasoline, oil, and other lubricants are procured through the Purchasing and Contracting Officer on TPS Contracts. See HR 30-25.

3. LIAISON WITH ORDNANCE SHOPS AND DEPOTS. -

a. Vehicles needing third, fourth and fifth echelon repair on maintenance must be reported to the Commanding Officer, Shop A,

Ordnance Base Shop, Newark, Ohio for authority to evacuate the vehicle to that installation for such service. This shop determines whether the vehicle is economically repairable and whether or not it will be returned to service. If it isn't repaired and returned to service, the accountability of the vehicle is turned over to the Property Officer of that station on a War Department Shipping Document. Replacement vehicles are allocated upon requisition to Transportation Officer, Fifth Service Command.

b. Transportation Officer, Fifth Service Command, has representatives make periodic checks of transportation needs and will reallocate vehicles as needed. Liaison will be maintained with this office.

4. REPORTS. -

- a. Monthly Vehicle Status Report WD AGO Form 577.
- b. Monthly Vehicle Record Report WD AGO Form 55-248.

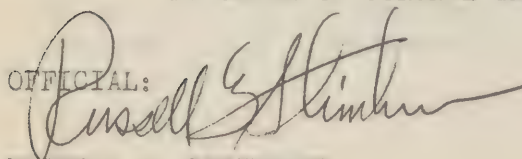
5. AUTHORITATIVE REFERENCES. -

- a. AR 45-5, 6 June 1923 - General Provisions, as amended.
- b. AR 45-75, 28 Aug 1939, - Sales of Ordnance Property, as amended.
- c. AR 45-80, 4 Aug 1938 - Ordnance Property.
- d. AR 850-5, 15 Feb 1945 - Marking of Clothing, Equipment, Vehicles and Property, as amended.
- e. AR 850-10, 1 Sept 1942 - Registration of Motor Vehicles, as amended.
- f. AR 850-15, 1 August 1945 - Motor Vehicle, as amended.
- g. ASF M301, Organization, 15 June 45, 406.11 Post Ordnance Officer.
- h. CGH HR 55-15, Motor Transportation, 1 Jan 46.
- i. CGH HR 850-10, 1 Jan 46, - Registration of Motor Vehicles on the Post.

6. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOURL
Major, MAC
Adjutant

RUSSELL B. STEINHOURL
Major, MAC
Adjutant

HOSPITAL REGUALTIONS)
NO. 50-5)

HR 50-5
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

CHEMICAL WARFARE SERVICE

	Paragraph
Duties.....	1
Status.....	2
Reports.....	3
Authoritative References.....	4
Rescissions.....	5

1. DUTIES. - The Post Chemical Warfare Officer will be designated on Special Orders with responsibilities of (ASF M 301, 406.13):

a. Requisitioning, receiving, storing and issuing of all Chemical Warfare equipment.

b. Installing, inspecting and maintaining equipment used in connection with Defense Against Chemical Warfare and maintaining proper stock levels.

c. Training of the Command in defense against Chemical Warfare attack in accordance with current training directives. This training will be coordinated with the Plans and Training Officer.

2. STATUS. - At the present time, the Chemical Warfare Service at this station is inactive. Stock accounts were closed as of the last fiscal audit and will not be reopened until so directed by higher authority.

3. REPORTS. - None.

4. AUTHORITATIVE REFERENCES. -

a. AR 50-5, 10 Sept 1942, Chemical Warfare Service General Provisions, as amended.

b. WD Cir 191, 13 April 1944, Chemical Warfare Equipment Controlled Items, as amended.

c. WD Cir 237, 12 June 1944, Functions and Duties of Post Chemical Warfare Officer.

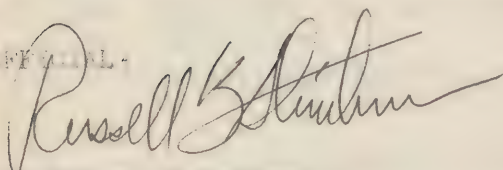
d. FM 21-40, Defense Against Chemical Attack.

e. ASF M 301 Organization, 15 June 1945, 406.13, Post
Chemical Warfare Officer.

5. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON;

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

MOTOR TRANSPORTATION

	Paragraph
Transportation Officer	1
Organization and Functions	2
Dispatching and Records	3
Authority for Use of Vehicles	4
Time Limits and Uses.....	5
Traffic	6
Authoritative References	7
Rescissions	8

1. TRANSPORTATION OFFICER. - The Transportation Officer is designated by special orders. He will be responsible for the operation of the Post Administrative Motor Pool, and will take such actions as are necessary to insure that all such government vehicles are properly operated by personnel who have been issued an Operator's Permit (OO Form No. 7360, Old QMC Form No. 228). ASF M301.

2. ORGANIZATION AND FUNCTIONS. -

a. Administrative.

- (1) Motor Officer - supervises operations of the Motor Pool under the supervision of the Transportation Officer.
- (2) Dispatcher dispatches vehicles under the supervision of the Motor Officer.

b. Maintenance.

- (1) Motor Sgt under supervision of the Motor Officer and supervises 1st and 2nd Echelon repair work on all Government vehicles performed by mechanics in the Motor Pool.
- (2) Stock Clerk requisitions and issues all Ordnance parts needed by the Motor Pool for repairs of Government vehicles, under the supervision of Motor Sgt.
- (3) Tire Repair Man is responsible for repair and maintains records of tires repaired and replaced. He is under the supervision of the Motor Sgt.

3. DISPATCHING AND RECORDS. -

a. All operator's permits for motor vehicles operated from Motor Pool will be numbered in a single numerical series and will be

issued by the officer in charge of operations. Any officer commanding an organization or detachment who wishes to have subordinate officers or enlisted personnel issued U. S. Motor Vehicle Operator's Permit will submit request in writing to the Transportation Officer, provided his or her duties require such operation. Such applicants will be given an examination in accordance with existing regulations prior to being issued a permit.

b. A written record will be kept in the Transportation Office showing all Motor Vehicle Operator's Permits in the hands of the organizations or persons. It shall be the responsibility of the officer making the request or his successor to return permits to the Transportation Officer for cancellation when the persons named in his request are transferred or deprived of permit because of infractions of regulations.

c. When a government vehicle is dispatched, a Driver's Trip Ticket and Performance Record (W.D Form No. 148) will be issued.

d. All drivers of government vehicles must have their Operator's Permit and Trip Ticket with them while driving such vehicles.

4. AUTHORITY FOR USE OF VEHICLES. -

a. All government vehicles will be pooled and dispatched from the Motor Pool under proper authority.

b. All calls for vehicles will be made to the Motor Pool, extension 135.

c. Authority for use of vehicles may be granted only by the Commanding Officer, Executive Officer, Adjutant or the Administrative Officer of the Day except emergency dispatching of ambulances from the R & D Office.

d. Officers requiring transportation on periodical schedule will furnish the Transportation Officer such schedule through Headquarters in order that vehicles may be reserved and dispatched at the hour and place designated.

e. Consolidation of trips will be made by the Motor Pool when vehicles are dispatched to Cleveland and vicinity.

5. TIME LIMITS AND USES. -

a. On trips to the city when the occupant does not need the car for more than two hours, cars will be sent back to the Motor Pool and a new request placed when car is needed.

b. On post runs, when the occupant expects to be away from the car more than thirty minutes, the vehicle will be sent back to the Motor Pool.

c. It is the duty of the occupant of the car, when holding the driver (military) during the meal hour, to see that the driver is provided with funds to purchase the meal.

d. Cars are to be used only for OFFICIAL BUSINESS including the uses listed in Par. 29, AR 850-15.

6. TRAFFIC. -

a. Accidents - All traffic accidents occurring on or off this post which involve Government vehicles or Army personnel stationed on this post, will be promptly reported to the Provost Marshal or Transportation Officer. The provisions of AR 850-15 will be complied with.

b. Accident Report by the Driver - In case of injury to persons or property, the driver of the motor vehicle will stop and render such assistance as may be needed. He will fill out on the spot Driver's Report - Accident, Motor Transportation Form No. 26, and deliver it to the Motor Transportation Officer immediately upon his return to this station. This must be done in every case, regardless of how trivial the injury to person or persons may appear or how small the damage to property may seem. In the event of failure to make the required report (No. 26) the Transportation Officer will institute proper disciplinary action against the driver.

c. Report to the Transportation Officer - Upon receipt of a Driver's Report - Accident, Motor Transportation Form No. 26, the Transportation Officer will forward such report to the Commanding Officer for investigation.

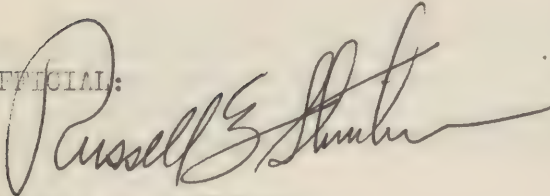
7. AUTHORITATIVE REFERENCES. -

- a. AR 55- Series.
- b. AR 850-10, 1 Sept 42 - Registry and Inventory of Motor Vehicles.
- c. AR 850-15, 1 Aug 45 - Military Motor Vehicles.
- d. ASF M301, Organization, 15 Jan 45, 406.16 Post Transportation Officer.
- e. T. R. 75-85, 15 Feb 44 - The Motor Vehicle Operator.
- f. FM 25-10, 12 March 42 - Basic Field Manual.
- g. TM 21-305, Nov 44 - Driver Manual.
- h. Ohio Traffic Regulations and Highway Laws, 1941.

- i. Ohio Official Traffic Code, 1941
 - j. Traffic Code, City of Cleveland, 1943.
8. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 55-25)

HR 55-25
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

RAIL AND AIR TRANSPORTATION

	Paragraph
Transportation Officer.....	1
Duties.....	2
Rail Transportation.....	3
Medical Certificate.....	4
Air Transportation.....	5
Baggage.....	6
Authoritative References.....	7
Rescissions.....	8

1. TRANSPORTATION OFFICER. - The Transportation Officer is designated by special orders. In general, he is charged with the arrangements necessary for the movement of military and civilian personnel and supplies to and from this post. ASF M 301.

2. DUTIES. - The qualifications and duties of the Transportation Officer follow:

- a. Be familiar with traffic conditions in and around this area.
- b. Be familiar with pertinent regulations, publications and landgrant equalization agreements applicable to freight and passengers.
- c. Act as technical advisor to Commanding Officer, co-ordinating transportation needs where necessary.
- d. Maintain close, friendly liasion with passenger representatives assigned to his office; maintain friendly liasion with local carriers at all times; maintain close cooperation with supply officers who receive or ship supplies.
- e. Be responsible that all loading or unloading facilities are available at this hospital.
- f. Furnish information regarding train schedules needed in making out special orders.

3. RAIL TRANSPORTATION. -

a. Duty personnel, immediately upon receipt of travel order will call in person (or by agent officer) at the Post Transportation Office to obtain schedule, transportation requests and meal tickets

(where authorized). This applies to all duty personnel. If at all possible and to insure proper rail reservations, all arrangements should be completed at least forty-eight (48) hours prior to scheduled train time. Current volume of travel and tremendous detail of work involved makes this necessary.

b. Movements of patients as individuals or in small groups - In the movement of patients as individuals or in small groups, Par 5, WD Cir No 405, 14 Oct 1944, is quoted below for the information of all ward officers concerned when requesting Pullman accommodations.

(1) Requests for room accommodations (drawing rooms, compartments, bedrooms, and other closed accommodations) will be made only as authorized under the provisions of paragraphs 3b and 4, AR 55-125. Requests for other berth space will be made as authorized in paragraph 3a, AR 55-125.

(2) Railroads are not required under the provisions of ICC Service Order No 213 to provide accommodations of a class or type not regularly available on regularly scheduled trains, by the addition of cars providing the accommodations desired, if other accommodations are available on such scheduled trains that may be used without detriment to the patients. Superior room accommodations will not be requested in any case where lower class room accommodations are adequate and available. For example, a drawing room will not be requested if a compartment is adequate and available. Further, if any of the classes of room accommodations authorized in AR 55-125 are adequate and available, the authority of ICC Service Order No 213 will not be invoked to secure lower or higher class room accommodations.

(3) ICC Service Order No 213 does not provide for the dispossessing of passengers to secure space for prisoner-of-war patients. Certificates will not be issued to secure space for such patients. In conformity with the provisions of pertinent conventions and treaties, the railroads have agreed to make every effort to secure accommodations for prison-of-war patients on the same basis as for patients of the armed forces of the United States.

(4) In order that accommodations may be secured for all classes of patients, and to insure that they also will be protected from loss thereof en route through the operation of ICC Service Order No 213, the responsible medical officer will issue the following certificate for all classes of patients as defined in this circular, except as provided in paragraph 5c.

(Hospital Letterhead)

Date _____

I certify that (insert name, rank and ASN) is a patient, class (insert class) (Cir. 405, WD, 1944) and that (insert the type accommodation) is required for this patient and (insert number and rank/grade) attendants. Movement must be initiated within (insert time in hours) from (city and state) and the destination is (city and state).

4. MEDICAL CERTIFICATES. - Four copies of medical certificates will be required in movements of patients.

a. Transportation Officer, upon receiving medical certificate and request for transportation, will obtain reservations and pick up same for transfer of patients. Upon completion of necessary arrangements, tickets are to be turned over to the Registrar's Office. If, for any reason tickets are not used, such reservations will be cancelled with the railroad concerned and returned to this office with the proper notation or explanation as to why the reservation was not used.

b. Transportation Officer will be notified in advance in the movement of litter patients, as to whether the litter patient is to be put through Pullman car window. In all cases of any communicable disease, Transportation Officer will be notified and he in turn will notify the railroad, as ICC Regulations state that all space used by such persons, after travel is performed, must be fumigated. This must be strictly adhered to.

5. AIR TRANSPORTATION. - Air Transportation will not be furnished unless authorized by special orders. Hospital planes can be obtained for movement of litter patients who are unable to be placed through Pullman car windows due to width of cast, etc. Hospital planes may be obtained by wiring or telephoning Medical Regulating Office, Washington, D.C. (REpublic 6700, ext 71163).

6. CHECKING BAGGAGE. -

a. Packaging and Packing - All clothing and/or other articles to be checked on railroad ticket will be packed in bar-racks bags, duffle bags, foot lockers, luggage cases or wooden boxes with handles attached. BAGS WILL NOT BE TIED TOGETHER UNDER ANY CIRCUMSTANCES.

b. Marking - Each piece of checkable baggage will be marked with a shipping tag showing owner's;

- (1) Name - last, first and middle initial.
- (2) Rank.
- (3) Army Serial Number.
- (4) Organization.
- (5) Destination.

Every piece will be delivered to Receiving Warehouse at least thirty-six (36) hours prior to scheduled train time. Collected baggage will be hauled via Government vehicle to railroad station. No special trips will be made to haul baggage received late.

c. Immediately upon arrival at the railroad station, the traveler will identify his (her) baggage at Baggage Room to check same through on railroad ticket.

d. When travel is being performed in groups, the officer or non-commissioned officer in charge of group is responsible for proper checking of baggage of all men in his group.

e. All individuals should pack their belongings so that articles considered necessary while traveling will be packed in the following containers:

Officers - Musette bag and hand baggage.

Enlisted Men - Barracks bag "A" which must travel with Unit, preferably in the hands of owner. (The basic order will indicate the general type of clothing required).

f. Baggage checks for inbound baggage to be received by individuals or group attendants, to be picked up at railroad stations, bus stations or airport will be complete. No baggage checks will be accepted by the Transportation Office without the following information on the baggage check when turned in to the Transportation Office.

- (1) Owner's name must be on all baggage checks.
- (2) Owner's ward number or telephone number where he can be reached upon picking up the baggage, when possible.
- (3) For all baggage to be picked up, checks must be in the Transportation Office one day before pickup is made by the town truck, which makes a daily run. There will be no special pick-up of baggage.

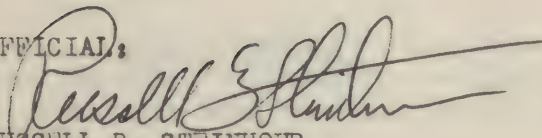
7. AUTHORITATIVE REFERENCES. -

- a. AR 55-105, 29 Dec 1942, Transportation by Commercial Means, General, and changes as amended.
- b. AR 55-110, 22 Jan 1943, Transportation Requests, and changes as amended.
- c. AR 55-120, 26 April 1943, Transportation of Individuals and changes as amended.
- d. AR 55-125, 9 Jan 1943, Sleeping Car and Similar Accommodations, and changes as amended.
- e. AR 55-150, 14 Jan 1944, Bills of Lading, and changes as amended.
- f. AR 55-160, 26 April 1943, Transportation of Authorized Baggage, and changes as amended.
- g. AR 55-175, 24 Aug 1942, Demurrage and Storage, and changes as amended.
- h. TM 55-550, Aug 1945, Bills of Lading.
- i. ASF M301, Organization, 15 June 1945, 406.16 Post Transportation Officer.
- j. Commercial Traffic Bulletins, No 1-52 inclusive and changes, published periodically.
- k. Official Railway Guide, published monthly.
- l. Russell's Motor Coach Guide, published monthly.
- m. Current airline schedules, American and United Air Lines, published monthly.

8. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOURL
Major, MAC
Adjutant

RUSSELL B. STEINHOURL
Major, MAC
Adjutant

CHAPLAINS

	Paragraph
Duty.....	1
Hours.....	2
Correspondence.....	3
Religious Services.....	4
Civilian Contacts.....	5
Visitation.....	6
Supplies.....	7
Organ.....	8
Reports.....	9
Visiting Clergy.....	10
Authoritative References.....	11
Rescissions.....	12

1. DUTY. - The Post Chaplain, being a member of the Post Commander's Staff, will act through, or for the Commanding Officer of the hospital in all matters pertaining to the religious needs of the personnel stationed at this hospital and in matters pertaining to the work of other Chaplains assigned to this post. TM 16-205, FM 101-5.

a. The Post Chaplain and his assistants are responsible for the religious ministry to the entire personnel of this hospital.

b. The Post Chaplain and his assistants should seek to maintain a high state of morale and Esprit de corps in the hospital.

c. In accordance with Basic Field Manual FM 21-50, Chaplains will be addressed officially as "Chaplain" regardless of their grade.

d. Chaplains will work together for the good of the service. Harmony and unity should prevail at all times.

e. Chaplains will seek to cooperate in the most cordial way with members of the Medical Staff and the Red Cross.

2. HOURS OF WORK. - Chaplains will maintain regular office hours, from 0800 to 1700 daily. Chaplains will find, however, many instances where their work can best be carried on after hours inasmuch as personnel assigned to duty at this hospital may at times need the assistance of Chaplains during off duty hours.

3. CORRESPONDENCE. - Chaplains are authorized to communicate directly with the Chief of Chaplains office on subjects which are purely professional. Other matters will be taken up through proper channels. TM 16-205.

4. RELIGIOUS SERVICES. - It shall be the duty of Chaplains to conduct or arrange all stated or special services of worship for the benefit of patients and other hospital personnel at such times as may be agreed. Personal ministrations and services of worship will be conducted in the guard house when necessary and feasible.

a. The Post Chaplain will supervise and be responsible for the proper religious care for the prisoners of war who may be located at this post. He may secure the services of civilian clergymen who are competent to render spiritual ministrations. TM 16-205.

b. Except in case of an exigency which would prevent, the Chaplain will conduct at least one weekly Sabbath Service for the entire Command, including patients.

c. Each Chaplain will be responsible for the arrangement of the building for his services and for the removal of articles used exclusively in his form of worship. Sufficient time will be allowed between services for the removal of such articles and the proper arrangement of the place of meeting for any service that is to follow. When no religious service is being held in the chapel, the altar will be cleared of everything but the flower vases and the issued altar cloth. This provides a place of general worship for anyone wishing to carry on private devotions.

d. Religious Services will not be conducted on this post unless the time and place, as well as the service are approved by the Post Chaplain.

e. No religious service will be broadcasted over the radio system without the knowledge and consent of the Post Chaplain.

f. Announcements regarding religious services at this hospital will not be made over the radio system, public address system or inserted in the daily bulletin or in the Crile Crier unless they are first approved by the Post Chaplain's office.

5. CIVILIAN CONTACTS. - Many requests are made for the services of the Chaplain as a speaker in civilian communities. These requests are proper, but the Chaplain must not allow them to interfere with his responsibility to the hospital.

6. VISITATION. - Chaplains will note carefully the new patients whose names and wards will be daily submitted by the hospital. Chaplains will visit such patients as soon as possible after their admittance. Chaplains will visit generally among the patients in the wards with special attention to the seriously ill and those so circumstanced as to need special encouragement and help. Chaplains will be promptly notified in cases of serious illness and will in accordance with AF 60-5 arrange, if practicable, for Protestant, Catholic, Jewish and other

patients to receive the ministrations of Chaplains or other clergymen of their respective faiths. In case of an emergency when there is no Chaplain of the patient's own faith available, Chaplains of other faiths are instructed to render all the assistance possible.

7. SUPPLIES. - Chaplains needing necessary supplies and accessories for their work will consult the Post Chaplain and arrange with him for the procurement.

8. THE CHAPEL ORGAN. - An Orgatron has been installed for use with the religious services which are held in the Chapel. The organ will be accessible at all times for use with any and all religious services which may be conducted in the Chapel. The organ will not be used by private individuals for their personal use.

9. CHAPLAINS REPORTS. - Duty Chaplains and patient Chaplains will make a report of activities at the end of each month. These reports will be turned in to the Post Chaplain's Office promptly. If reports are improperly filled out, the Post Chaplain will return them for correction. Corrections must be made promptly and returned to the Post Chaplain's office. The Post Chaplain will forward such reports to the Commanding Officer of this hospital for approval and he, in turn, will forward the same to the Chief of Chaplains office through proper channels.

10. VISITING CLERGYMEN. - Except those who are personal friends of the patient concerned, visiting clergymen will contact the office of the Post Chaplain before being allowed access to patients in the wards. The Post Chaplain is interested in meeting visiting clergymen and when their assistance is needed or desirable, will be able to coordinate such ministry with the regular religious program afforded the patients and other personnel of this hospital.

a. For professional reasons, visiting clergymen, when granted access to personnel of the hospital, will confine their ministry to those who are members of the denomination they represent.

b. When visiting clergymen desire access to patients in the Neuro-Psychiatric Section, particular care will be exercised to coordinate such ministry with the convalescent treatment which the patient is receiving. Such clergymen must have the consent of both the Post Chaplain and the Chief of the Neuro-Psychiatric Section before being admitted to the ward.

c. Visiting clergymen, after having finished their ministry to personnel of the Post, will call again at the Post Chaplain's office and advise him of the ministry which they have rendered, so that he will be advised of such ministry afforded and will be better enabled to coordinate it with the regular religious program conducted at this hospital. This will also enable the Post Chaplain to include such ministry of visiting clergymen in his monthly report.

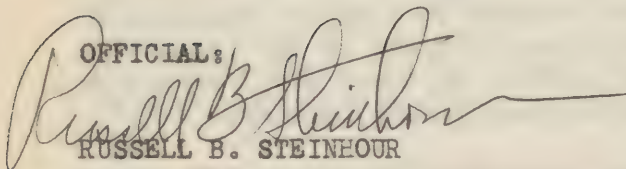
11. AUTHORITATIVE REFERENCES. -

- a. AR 60-5 Chaplains.
- b. TM 16-205 The Chaplain.
- c. FM 101-5 Staff and Combat Orders.
- d. WD Cir No 383, 1945 Nonappropriated Funds.

12. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR

Major, MAC
Adjutant

RUSSELL B. STEINHOOR

Major, MAC
Adjutant

HOSPITAL REGULATIONS }
NO. 100-5 }

HR 100-5
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

ENGINEER

	Paragraph
Authority.....	1
Scope of Responsibilities.....	2
Organization.....	3
Functions.....	4
Maintenance.....	5
Authoritative References.....	6
Rescissions.....	7

1. AUTHORITY. - The Post Engineer is recommended by Service Command and appointed by Special Order of the Commanding Officer to be responsible for all construction, real estate, **repair** and utility matters on the Post. ASF M 301, 406.12.

2. SCOPE OF RESPONSIBILITIES. -

a. "Repairs and Utilities" include the study of contemplated work, the preparation of drawings and estimates, the budgeting for funds, the distribution of funds, the providing of material, labor operating supplies, accessory installed equipment and special purpose vehicles necessary for:

(1) The maintenance and repair of buildings, structures, grounds and utility systems and permanently installed property attached thereto.

(2) The operation of all utilities.

(3) The construction of additions, extensions, alterations and rehabilitations necessary for the proper discharge of the duties of maintenance, repair and operations work.

(4) The performance of all the general responsibilities as covered in (1), (2) and (3) above and outlined as:

(a) Water supply.

(b) Electricity supply.

(c) Gas supply.

(d) All fuel.

(e) Heating.

(f) Refrigeration.

(g) The disposal of waste material, including its collection, provided that salable refuse, including garbage will be disposed of by the Post Supply Officer, and its collection will be accomplished in collaboration with the Post Supply Officer,

(h) Fire protection (Post Engineer is the Post Fire Marshal).

(i) Insect, rodent and other vermin control.

(j) Buildings and structures, roads, walks and grounds.

(k) Permanently installed equipment.

(l) Maintenance of equipment and vehicles.

(m) Utility shops.

(5) Repairs and Utilities will not be considered to include the furnishings of supplies or equipment to troops or organizations except where the furnishings of such items is incidental to repairs and utilities to Crile General Hospital.

b. Warehouse. - The Post Engineer will operate a warehouse for the supply of materials for construction, repairs and utility functions only. In no case is the Post Engineer authorized to issue any property or material which does not pertain directly to the maintenance or repairs of the buildings, structures, grounds, utility systems or permanently installed property.

3. ORGANIZATION. - Post Engineer office is divided into the following sections:

a. Administration.

b. Engineering and operation.

c. Construction, maintenance and repair.

d. Fire Department.

4. FUNCTIONS. -

a. Administration. -

(1) This section handles all cost accounting, management problems, personnel problems, coordination with the Personnel Division of the hospital by hiring and releasing of all personnel

for the Post Engineer, coordination with the Fiscal Division of the hospital in the expenditure of all appropriations pertaining to the Post Engineer where it is for new construction or operation and coordination with the Commanding Officer on problems relating to maintenance, new construction, real estate and custodial service for the hospital.

(2) Work requests will be processed through this department for work to be performed by the construction, maintenance or repair departments.

(3) Responsible for requisitioning, warehousing and property accountability of all Post Engineer items.

b. Engineering and Operation. -

(1) This section is responsible for the technical correctness of all engineering of construction and maintenance performed at this hospital. All requests for alterations and new construction are submitted to the Engineering Department for study and the preparation of plans and specifications. Recommendations are compiled and submitted to higher echelon according to ASF Cir No 713 for approval. When approved, detailed plans, specifications and estimates are submitted for final approval and funds according to ASF Cir No 343. When approved, the work is processed for completion by contract or is forwarded for completion to the construction or maintenance and repair divisions of this hospital and incorporated with the shop work.

(2) All utilities on the post are the direct responsibility of this Section.

(3) Monthly and quarterly reports on the utilization of available space, all utility usage, minor and major construction reports and base data reports originate in this department for the various other departments, and also for higher echelon between the first and tenth of each calendar month.

c. Construction, Maintenance and Repair. -

(1) This Section is the field organization of the Post Engineer and incorporates the following units:

- (a) Area Maintenance men.
- (b) Carpenter shop.
- (c) General mechanics (plumbing, steamfitting, light metal work).
- (d) Electric shop.

(e) Engineer equipment.

(f) Paint shop.

(g) Laborers.

(2) The function and duties of the above units are:

(a) Area Maintenance Men. - There is an area maintenance man assigned to each of the five maintenance areas in the hospital. The duties of these men are to receive the calls and carry out minor maintenance repair jobs at the various points in their designated area. The work consists of the replacing of light bulbs, minor repairs to structures, minor glazing, small heating systems repairs and adjustments and minor electrical repairs. Should the job reported to the area maintenance man, on examination prove to be beyond his scope, he will then process the job back through the area maintenance foreman, who in turn, will process it to the proper department as listed under 4c (1) above.

(b) Carpenter Shop. - The carpenter shop will function primarily in repairs to structures and take over where the area maintenance men are unable to function. The carpenter shop is also responsible for all minor alterations, additions and repairs to all structures, repair to furniture, crating of material for shipment, etc., in the hospital area. They will also do major construction work where it is deemed advisable.

(c) General Mechanics. - The general mechanics shop shall do all maintenance work which pertains to metal work. The duties shall include all maintenance, alterations and minor new construction in the hospital area and shall also do major construction where it is deemed advisable. They shall take over where the area maintenance men are unable to function. Their work shall consist of all piping of steam, water, sewage and the maintenance of all heating equipment and any other work that may pertain to metal work, such as structural steel, platework or any minor machine shop work that they are fitted to handle.

(d) Electric Shop. - The electric shop shall be responsible for all electric service in the way of maintenance and repair and new minor or major construction that may be deemed advisable. They shall also take over where the area maintenance men are unable to function.

(e) Engineer Equipment. - The engineer equipment unit is responsible for the maintenance of all heavy equipment and the operation of the same.

(f) Paint Shop. - The paint shop is held responsible for all painting and glazing of new construction,

maintenance and signs. They shall also take over where the area maintenance men are unable to function.

(g) Laborers. - The function of this unit is primarily to maintain the grounds. This will include the cutting of grass, planting, ditch work for draining and any other maintenance that actually pertains to the grounds. It will also carry out new projects in the way of planting. This unit will also act as a labor pool and will function accordingly in conjunction with the other units.

d. Fire Department. -

(1) Fire protection for the hospital areas is dependent primarily upon the Crile General Hospital Fire Department and when necessary on the departments of the Village of Parma Heights, City of Parma and City of Cleveland, Ohio.

(2) The Post Engineer is the Fire Marshal.

(3) For SOP see HR 100-50, Fire Regulations.

5. MAINTENANCE. -

a. All maintenance work accomplished by the Post Engineer Organization will be classified in the following three categories:

(1) Routine preventative maintenance.

(2) Emergency maintenance.

(3) Non-recurrent maintenance.

b. Routine preventative maintenance will be performed by the proper Post Engineer personnel without the formality of issuing a work order in advance.

c. Emergency maintenance. -

(1) Minor jobs will be handled by telephone direct to the area maintenance man assigned to that area and identified by phone number over all phones in that area. This will include such items as lighting, heating, plumbing, gas supply and such minor structural work as leaking roofs, broken windows, doors, locks, etc.

(2) Major jobs will be requested on a Work Order Form No 4MR6. This will include such work as major painting

projects, rehabilitation of flooring and floor covering, moving of fixtures, either electrical or sanitary and the repair of structural failures.

d. Non-Recurrent Maintenance. - All alterations or additions which are non-recurrent projects will first be submitted on a written request for approval to the Commanding Officer prior to submission of a request to the Post Engineer Office. The approved project when received will then be processed in accordance with standard procedure and in compliance with current directives. All work other than preventative maintenance must be accomplished by work order issuance. This method must be followed explicitly in order to control cost and supply levels.

e. Changes or alterations to buildings, structures, utilities and installed equipment are to be made only by those persons properly assigned by the Post Engineer under the authority of the Commanding Officer.

6. AUTHORITATIVE REFERENCES. -

a. Post Engineer Operations. -

- (1) AR 100-5, 12 Feb 1943, CE, General Provisions.
- (2) AR 100-25, 28 Sept 1942, CE, Supply Functions.
- (3) AR 100-30, 14 Aug 1942, CE, Engineer Board.
- (4) AR 100-60, 4 May 1943, CE, Real Estate; General Provisions.
- (5) AR 100-61, 15 Sept 1942, CE, Real Estate; Acquisition.
- (6) AR 100-62, 15 Sept 1942, CE, Leases, Easements, Licenses and Permits to use, War Department Real Estate.
- (7) AR 100-63, 30 Sept 1942, CE, Real Estate; Disposal.
- (8) AR 100-64, 22 May 1944, CE, Real Estate, Claims for Rent, Damage and other Payments.
- (9) AR 100-70, 5 Nov 1942, CE, New Construction.
- (10) AR 100-80, 19 Aug 1942, CE, Repairs and Utilities.
- (11) AR 100-90, 19 Apr 1943, CE, Fuel, Water and Electric Services.

b. Administration. -

(1) ASF M 301, Organization, 15 June 1945, 406.12, Post Engineer.

(2) ASF M 414, 21 Aug 1944, Procedure for Processing Domestic Requisitions.

(3) ASF M 419, 1 Aug 1945, Disposition of Excess Station Stocks.

(4) ASF M 501, 15 Dec 1943, Repairs and Utilities, Property Accounting for Post Engineers.

(5) TM 5-602, Sep 1945, Cost Accounting, Repairs and Utilities.

(6) TM 5-600, June 1945, Repairs and Utilities, Guides and Procedures.

(7) TM 12-253, 1 Oct 1944, Correspondence.

(8) TM 14-904, Apr 1945, Accounting for Lost, Damaged and Destroyed Property.

(9) TM 38-220, 9 May 1944, Stock Control Manual for Posts, Camps and Stations.

(10) TM 38-403, 1 Aug 1944, Station Supply Procedure.

(11) Letter Hq, 5th SvC, file: SPVSE-G-140, 20 Sep 1945.

(12) Letter Hq, 5th SvC, file: SPVSE-G-140, 23 Sep 1945, subject: Repairs and Utilities Property Accounting.

(13) Letter Hq, 5th SvC, file: SPVSE-G-140, 17 Oct 1945, subject: Repairs and Utilities Property Accounting.

c. Engineering and Operation. -

(1) WD Cir No 343, 14 Nov 1945, Construction and Repairs and Utilities.

(2) Cir No 713, 5th SvC, 10 Dec 1945, subject: Informal Approval of Repairs and Utilities Projects.

d. Construction, Maintenance and Repair. -

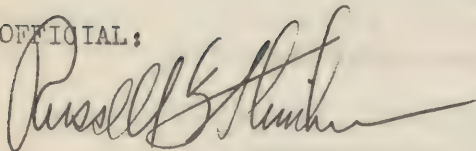
(1) R & U Manual, 26 Sep 1942.

(2) Equipment Manual for Area and Post Engineers,
1 Oct 1942.

7. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON;

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

MAP OF CRILE GENERAL HOSPITAL

Cleveland 9, O.



VICINITY MAP



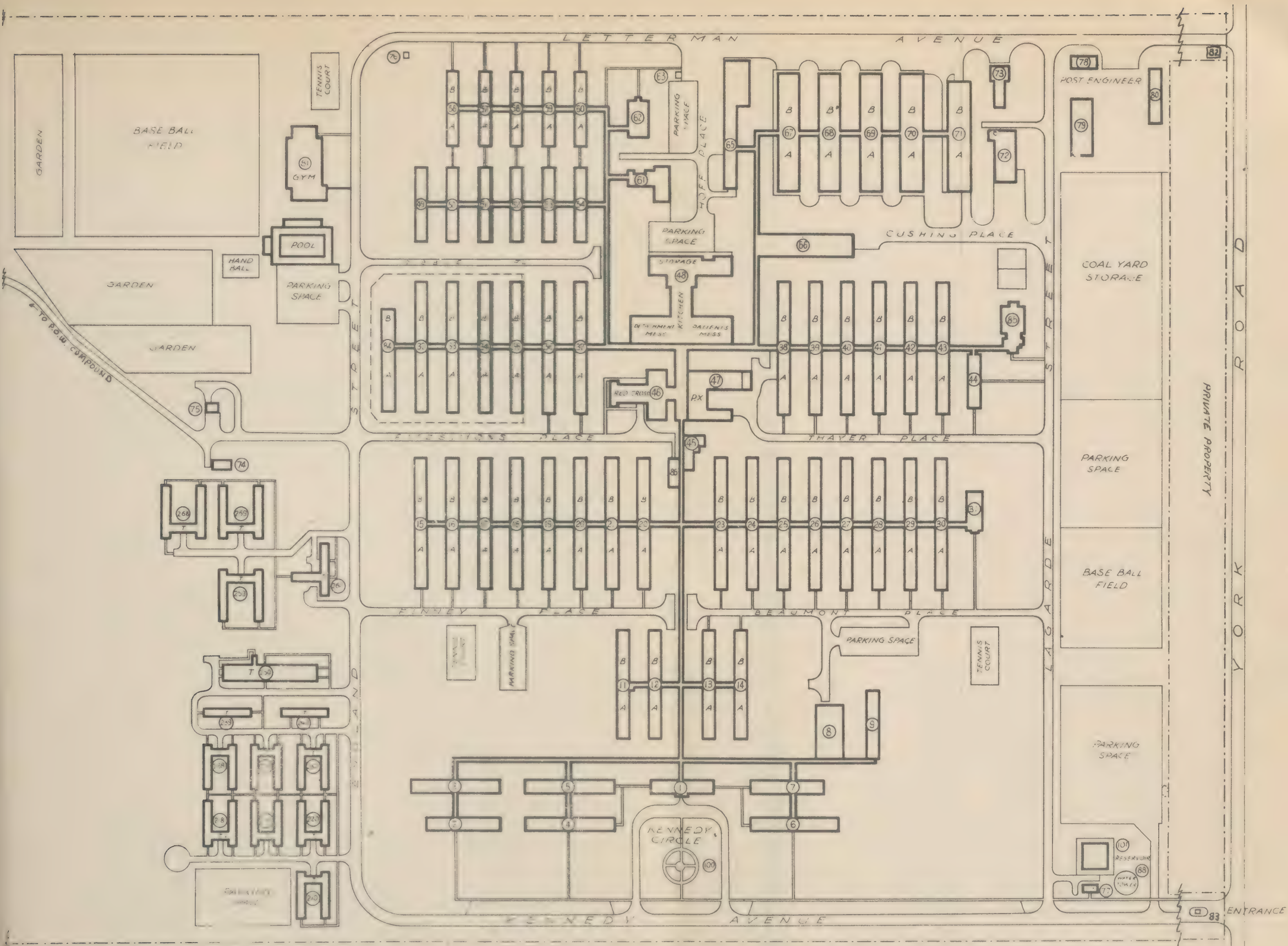
ENLARGED MAP

Schedule of Buildings Shown on Opposite Page

1. Administration Building
2. Nurses Quarters
3. Nurses Quarters
4. Nurses Quarters
5. Nurses Quarters
6. Officers Quarters
7. Officers Quarters
8. Officers and Nurses Mess
9. Officers and Nurses Recreation
- General Surgery A11B General Surgery
- Physiotherapy Section A12B X-Ray
- Pharmacy Laboratory A13B Pharmacy Laboratory
- Dental A14B E.E.N.T. Clinic
- Orthopedic A15B Orthopedic
- Orthopedic A16B Orthopedic
- Orthopedic A17B Orthopedic
- Orthopedic A18B Orthopedic
- Orthopedic A19B Orthopedic
- Orthopedic A20B Orthopedic
- Orthopedic A21B Orthopedic
- Orthopedic A22B Orthopedic
- Eye A23B Eye
- Eye A24B Eye
- Plastic A25B Plastic
- Plastic A26B Plastic
- Plastic A27B Plastic
- Plastic A28B Plastic
- Plastic A29B Plastic
- Women's Ward A30B Plastic
- 31B Chapel
- Neuro-Psychiatric Ward A32B Neuro-Psychiatric Ward
- Neuro-Psychiatric Ward A33B Neuro-Psychiatric Ward
- Neuro-Psychiatric Ward A34B Neuro-Psychiatric Ward
- Neuro-Psychiatric Ward A35B Neuro-Psychiatric Ward
- Plastic A36B Plastic
- Plastic A37B Plastic
- Occupational Therapy A38B Library
- Urology A39B Eye
- Gen.Med. & Neurology A40B E.N.T. & Dental
- Gen.Med. & Dermatology A41B Gen.Med. & Dermatology.
- Officers Medical Sec. A42B Allergy & Malaria
- Isolation Ward A43B Isolation Ward
- Guest House A44
45. Telephone Exchange
46. Patients Recreation
47. Post Office and Post Exchange
48. Patients Mess
- Plastic A49B Plastic
- Plastic A50B Plastic
- Plastic A51B Plastic
- Plastic A52B Plastic
- Plastic A53B Plastic
- Educational Recond. A54B Physical Recond.
- WAC Barracks A56B WAC Barracks
- WAC Barracks A57B WAC Barracks
- WAC Day Room A58B WAC Barracks
- CDD Ward A59B CDD Ward
- Board Room A60B Separation Couns.

61. Enforced Treatment Ward
62. Patients Recreation
63. Gasoline Station
65. Hospital Shop & Morgue
66. Receiving Building
- Medical Supply A67B Medical Supply
- Medical Supply A68B Medical Supply
- Quartermaster A69B Quartermaster
- Quartermaster A70B Quartermaster
- Laundry A71B Laundry
72. Heating Plant
73. Fire Station
74. Animal House
75. Incinerator
76. Gas Meter House
77. Pumping Station
78. Post Engineer
79. Shops
80. Storehouse
81. Gymnasium
82. Gate House
83. Gate House
84. N.P.Occupational Therapy
85. Theater
86. Central Supply
87. Paint Storage
88. Water Tower
100. Flag Pole
101. Reservoir
210. NCO Club
- 218, 219, 220, 228, 229, 230. Barracks, Med. Detach.
239. Detachment Supply
240. Detachment Orderly Room
250. Detachment Mess
- 259, 260, 268, 269. Field Hospital

WAR DEPARTMENT			
OFFICE OF POST ENGINEER CRILE GENERAL HOSPITAL CLEVELAND 9 PARMA HGT'S OHIO.			
MAP OF HOSPITAL AREA BUILDING LOCATIONS			
DATE 15 Dec. 1945		DRAWING NO. P.E. 103-C	
DRAWN BY J.F.	TRACED BY J.F.	CONTRACT.Nº	
CHECKED BY	APPROVED BY		
R.J. Sharp	J.P. Noble	POST Nº	
CIVIL ENGINEER	MAJOR-GE. POST-ENGR.		





HOSPITAL REGULATIONS)
RS. 100-25)

HR 100-25
GRILE GENERAL HOSPITAL,
Cleveland 9, Ohio
1 January 1946

BUILDINGS & GROUNDS VACATED

	Paragraph
Vacating Buildings or Grounds	1
Policing	2
Notification	3
Authoritative References	4
Rescissions	5

1. VACATING BUILDINGS OR GROUNDS. - When any building or living quarters are vacated by an organization, unit, section, or individual, the person responsible for the property therein will immediately take the necessary steps to turn over all property to the proper supply officer and secure a clearance for all the property signed for before departing from this station.

2. POLICING. - The responsible person will see that the interior of the building and the surrounding grounds are properly policed before clearance will be furnished.

3. NOTIFICATION. - It is the responsibility of the person occupying the building or quarters to notify the Post Engineer in order that he may have a final inspection of the building and area made prior to furnishing a clearance.

4. AUTHORITATIVE REFERENCES. - None.

5. RESCISSIOMS. - None.

BY ORDER OF COLLEGE EMERSON:

ORIGINAL:


RUSSELL B. STEINHOUR
Major, MAC
Adjutant

RUSSELL B. STEINHOUR
Major, MAC
Adjutant

FIRE REGULATIONS

Paragraph

General Provisions	1
Organization and Functions	2
Fire Alarms	3
Zone Descriptions	4
Conduct of Personnel	5
Personnel Who Do Not Respond to Fire Alarm	6
Fire Drills	7
Fire Prevention	8
Authoritative References	9
Rescissions	10

1. GENERAL PROVISIONS. -

a. Fire protection for Crile General Hospital area is dependent upon the service of the Crile General Hospital Fire Department and when deemed necessary, the Fire Departments of the Village of Parma Heights, City of Parma, and the City of Cleveland, Ohio.

b. The Fire Department will be set up and organized according to WD TM 5-600 and in particular according to Chap. 5.1 to 5.69, inclusive.

2. ORGANIZATION AND FUNCTIONS. -

a. The Post Engineer is the Fire Marshal designated in Special Orders, Crile General Hospital, according to WD TM 5-600, Chap. 5.13. The line of responsibility shall be:

- (1) Fire Marshal (Post Engineer).
- (2) Assistant Fire Marshal (Assistant Post Engineer)
- (3) Fire Chief (Civilian).
- (4) Assistant Fire Chief on Duty (Civilian).
- (5) Administrative Officer of the Day.

b. The Fire Chief will be in charge of all personnel and equipment under control of the Fire Marshal, or in his absence the Assistant Fire Marshal and will be responsible for administration and organization of the following fire protection and fire prevention activities as quoted in TM 5-600, Par. 5.13, as follows:

- (1) Setting up and enforcing regulations and orders to reduce or eliminate all fire hazards in the area under his jurisdiction.
- (2) Organizing, instructing and training designated fire fighting personnel in all phases of maintenance and operation of fire apparatus, appliances and systems
- (3) Adequately distributing, installing and maintaining all fire-protection equipment and systems.
- (4) Making regular periodic inspections of all buildings and tests of fire-protection systems, apparatus and equipment, including recharging fire extinguishers
- (5) Issuing necessary orders to fire department personnel to regulate duties affecting routine operations, fire prevention inspections and fire-fighting duties.
- (6) Investigating fires immediately to determine the cause, preserve all pertinent evidence, and prepare required reports and records
- (7) Preparing reports, requisitions and recommendations for necessary improvement or reduction in fire protection and fire prevention

c. The Administrative Officer of the Day will always proceed at once to the scene of the fire and assume command of the guard detail. He will procure any additional men required to maintain adequate control of traffic and spectators and any additional men required to augment the regular Fire Department personnel.

d. The Detachment Commander will furnish two groups of enlisted personnel for specific duties in case of any fire alarm, as follows:

- (1) One group of twenty persons designated by the Detachment Commander will bear litters and proceed to the scene of the fire by most expeditious method for the purpose of evacuating patients. This group of personnel will be changed from time to time in accordance with the schedule of their principal duties, hours and periods of time off, away from the post. They will work under the orders of the ward master concerned. The senior noncommissioned officer present will be in charge.

- (2) Second group of twenty or more designated by Detachment Commander will act as guards and assist post firemen with their duties as required by the Post Fire Marshal or Fire Chief. The Guards will establish a traffic control around the scene of the fire, allowing no one to pass except those actively engaged in fighting the fire, saving lives or salvaging property. They will be dispatched to the scene of the fire immediately when formed with senior noncommissioned officer in charge.

e. It will be the Detachment Commander's duty to have operating orders for the organization of the two groups as required and listed above with detailed instructions for the storage and availability of litters, conduct of personnel and disposition of other available personnel.

f. Special standing orders will be made as required for the establishment of the emergency groups required in the event of a fire call within the Neuro-Psychiatric Section of the Hospital. The noncommissioned officer of the guard on duty will be notified by telephone immediately of any fire call in this area.

g. The Civilian Fire Chief will be assisted by designated senior fire fighters who will be in charge of each twenty-four hour shift.

h. Fire fighters will be civilians and when it is deemed necessary will be assisted by the enlisted personnel.

i. The strength of the post fire personnel will be kept at a minimum consistent with post needs and governed by WD TM 5-600, Par. 5.19 with revisions.

j. Procedure regarding replacement and classification of fire fighting personnel will be found in the Manual of Standard Jobs Description, CPR 20.9 as published by The Office of the Secretary of War. Fire fighting personnel will also be governed by TM 5-600, Chap. 5.20 in its entirety.

k. Local Fire Fighting Apparatus:

- (1) Local fire fighting apparatus will be governed by regulations in TM 5-600, Par. 5.29 to 5.40, inclusive.
- (2) Fire stations will be governed by the regulations in TM 5-600, Sect. 6, Par. 5.41 to 5.45, inclusive.

- (3) The fire protection systems will be governed by TM 5-600, Sect. 7, Par. 5.46 to 5.52, inclusive.

3. FIRE ALARMS. -

a. When reporting a fire use special fire line, telephone extension 134 and advise telephone operator that you are reporting a fire. The switchboard operator will be immediately informed of any fire call by the fire station operator. All other departments will notify the following persons of the call immediately stating all facts and location of fire:

- (1) Post Fire Marshal and/or his assistant
- (2) Administrative Officer of the Day
- (3) Commanding Officer or Executive
- (4) Detachment Commander's Office

b. Upon the request of the Fire Marshal or Fire Chief, the adjoining municipalities fire departments will be contacted for assistance.

c. Upon the receipt of a fire alarm firemen on duty in the fire station will give the alarm as follows:

- (1) Zone 1, one 20 second blast
- (2) Zone 2, two 15 second blasts
- (3) Zone 3, three 15 second blasts
- (4) Zone 4, four 10 second blasts
- (5) Zone 5, five 10 second blasts
- (6) Zone 6, six 10 second blasts

d. Should the Fire Marshal determine that additional personnel is required for fighting the fire he will cause the original fire alarm to be repeated. In the event of a repeated alarm all enlisted personnel of the command, other than those specifically designated, will immediately proceed to the scene of the fire and report to the officer in charge.

4. ZONE DESCRIPTION. - (See Map of Hospital Area)

a. Zone 1 is designated as the area bounded by Kennedy Avenue, LaGarge Street and Thayer Place and by a line starting at Building 15 at Thayer Place and running through the center of Kennedy Circle to Kennedy Avenue.

b. Zone 2 is bounded by Kennedy Avenue at a line starting at Building 45 and running through the center of Kennedy Circle and on the other two sides by Fitzsimmons Place and extended to take in all detachment barracks.

c. Zone 3 is bounded by Thayer Place, LaGarde Avenue and Letterman Avenue by a line starting at Building 45 at Thayer Place and extending through the center of Building 48 to meet Letterman Avenue.

d. Zone 4 is bounded by Fitzsimmons Place in a line starting at Building 45 and Fitzsimmons Place and extending through the center of Building 48 at the intersection of Letterman Avenue; on the other side by Letterman Avenue and to a line of Letterman Avenue extending to intersect with Letterman Avenue and covering an area to take in the Recreation and POW areas

e. Zone 5 is bounded by LaGarde Street on one side, by the property lines on two sides and by an extension of Thayer Place to intersect the property line. This is considered as the gatehouse entrance.

f. Zone 6 is bounded on one side by LaGarde Street, by the property lines on two sides and by a line formed by extending Thayer Place to intersect the property line. This is considered as the water tower area.

5. CONDUCT OF PERSONNEL. - Procedure of personnel not assigned to fire fighting in case of fire:

a. Officers - The Fire Marshal and Administrative Officer of the Day, the Quartermaster and Medical Supply Officer will proceed at once to the scene of the fire. The Professional Officers of the Day will immediately proceed to the Receiving and Disposition Office. All other officers of the command will proceed immediately to their respective places of duty and remain there until otherwise instructed or recall is sounded

b. Nurses - Nurses will proceed immediately to their respective places of duty

c. Enlisted Personnel - All enlisted personnel, other than those assigned to the fire fighting and control section, will proceed to their respective places of duty and remain thereat until a second alarm or recall is sounded. In the event of a second alarm, all enlisted personnel other than those specifically excepted by paragraph 6 of these regulations will immediately report to the scene of the fire for assignment to the various sections as directed by the Fire Marshal.

d. Patients - Patients will return immediately to their wards and remain seated at their beds until ordered elsewhere by the Ward Officer or Fire Marshal

6. PERSONNEL WHO DO NOT RESPOND TO FIRE ALARMS. - The following personnel will not respond to a fire alarm but will remain at their respective places of duty:

- a. Sergeant Major.
- b. The noncommissioned officer and orderlies in the O. D. Office.
- c. Cooks on duty in the Main Kitchen and Special Diet Kitchen
- d. One cook on duty in the kitchen of Officers' Mess.
- e. All men on duty in wards
- f. Attendants on special cases.
- g. Commanding Officer's orderly.
- h. One man in Post Exchange, Operating Room, Information Office, Pharmacy, X-Ray Section, Medical Supply Office, Post Office, all men in garage and all members of Quartermaster Detachment.
- i. The operator at each high pressure boiler room
- j. Night men will not respond to fire call unless a second alarm is sounded in which event they will proceed to the scene of the fire.

7. FIRE DRILLS. - Post Fire Chief will be responsible for the technical efficiency of fire fighting personnel in his organization on and for the mechanical operating efficiency of the apparatus. He will conduct fire drills according to TM 5-600, Sec. III, Par. 5.20 b and b (2)

8. FIRE PREVENTION AND SPECIAL ORDERS. -

a. Fire prevention measures. It is the responsibility of everybody concerned to personally carry out the following preventative measures:

- (1) All alcoves and closets will be kept free from trash and paper and oily rags
- (2) Paints, oil and other inflammable material will be kept in buildings designated for that purpose
- (3) Defective electric wiring and fixtures, and gas pipes and fixtures will be reported immediately to the work order desk, Post Engineer office for repair.

- (4) Alterations in electric wiring and fixtures, and gas pipes and fixtures will be made by duly constituted Post Engineer electricians and plumbers.
- (5) All electric fixtures brought into the hospital for personal use, such as lamps, cord extensions, bed lamps and fluorescent lamps, etc. shall be inspected by the Post electrician for approval.
- (6) Areas immediately around buildings will be kept free from leaves, paper, oily rags and other combustible material.
- (7) The utmost caution will be observed in the disposal of cigarette and cigar butts, lighted cigarettes and cigars will be extinguished before being discarded and will be placed in non-combustible containers and not thrown about promiscuously.

b. Fire Inspections. - Each officer in charge of a unit will make frequent inspections in cooperation with members of the Post Fire Department to insure the measures prescribed above are being carried out.

c. The members of the Post Fire Department will carry on a continuous daily inspection of the post.

d. Special inspections will be made as required, from time to time as the occasion arises.

e. Special fire orders:

- (1) Smoking in bed other than patients unable to leave beds is strictly prohibited. Ward Officers will take precautionary measures for such confined patients.
- (2) Smoking in places of unusual hazards is prohibited; such as in:
 - (a) The presence of inflammable vapors, liquids, solids.
 - (b) Linen rooms.
 - (c) Closed rooms with poor ventilation.
 - (d) Any room where ether is present or in any room where an oxygen tent is being used.
 - (e) Any area where D.D.T. insect spray dissolved with kerosene or exline is being used.

- (3) The use of strike-anywhere matches will be restricted to a minimum at all times and each person will insure himself that it is out before leaving in an appropriate container
- (4) The use of fire extinguishers for any purpose other than for authorized fires is prohibited.

f. Smoking is prohibited in the following areas, with the exception of latrines and offices:

Building 11	Surgery
12	Physical Therapy
13-B	Laboratory
14-A	EENT Clinic
14-B	Operating and Clinic Waiting Rooms
31	Chapel
38-A	Occupational Therapy
46	Red Cross, stage and dressing rooms and Auditorium during shows
63	Gasoline Station
65	Orthopedic Shop, Garage and Stockroom.
66	R & D Baggage Room
67	Warehouse proper
68	Warehouse proper
69	Warehouse proper
70	Warehouse proper
71	Laundry
76	Gas House
79	Paint Shop and Carpenter Shop
80	Closed Sheds and Warehouse
81	Recreation Hall (Gymnasium)

84 Physical-Therapy

85 Post Theatre

86 Central Supply

g. Fire extinguishers will be placed in the building by serial number where obtainable and removed from buildings by the Fire Department personnel only.

h. Supply or Custodian Officers will sign for extinguishers to the Fire Department.

i. Receipt furnished the Supply Officer of each unit will show the serial number of each extinguisher and building to which it is assigned.

j. It will be the responsibility of each unit commander to see that the extinguishers are not removed from location designated by the Fire Department for each extinguisher, except in case of fire, demonstrations or for recharging.

k. Post Fire Department personnel will:

- (1) Inspect all fire extinguishers at least every six months, recording same on tag as to date inspected.
- (2) Cause extinguishers to be recharged at least once every year and record same on tag. Water extinguishers will be charged as required.
- (3) Keep record of all extinguishers by serial number where obtainable and issue proper extinguishers to buildings by serial numbers

l. Fire hydrants will be used for fire purposes only, except under special permission by Post Engineer or Fire Chief.

m. Parking in front of fire hydrants, or otherwise obstructing their use, is prohibited. Prohibited zone required will be ten feet each side.

n. Fire Hose. - The driving on, or causing of any vehicle to be driven over, a fire hose when laid out for any purpose within the function of the Fire Department is prohibited

9. AUTHORITATIVE REFERENCES. -

a. Fire Department procedures.

(1) TM 5-600, June 1945, Repairs and Utilities, Guides and Procedures, Par. 5.1 through 5.69.

(2) Equipment Manual for Area and Post Engineers, 1 Oct 42, Chap. VI.

(3) R & U Manual, 26 Sept 42, Part VII, Chap. II.

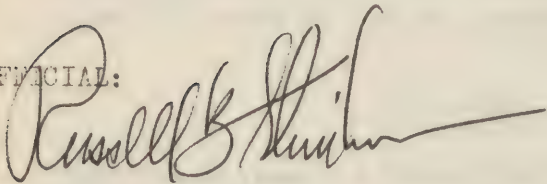
b. Fire Department personnel.

(1) WD Cir. 401, 12 Oct 44, Fire Protection at Posts, Camps and Stations.

10. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

SAFETY AND ACCIDENT PREVENTION

	Paragraph
General Provisions.....	1
Authority.....	2
Organization.....	3
Duties.....	4
Definitions and Instructions.....	5
Reports and Reporting Procedures.....	6
Authoritative References.....	7
Rescissions.....	8

1. GENERAL PROVISIONS. The safety program is instituted to ascertain existing safety hazards and effect necessary corrective action to eliminate unnecessary hazards, as well as educate personnel in accident prevention. There will be only one safety program on the Post and that program will be under the direction of the Post Safety Officer.

2. AUTHORITY. - The Post Safety Officer is appointed by and responsible to the Commanding Officer for all safety and accident prevention matters as outlined in ASF Cir 360, 25 Sept 1945, Part I.

3. ORGANIZATION. - The safety organization will consist of the following:

- a. Post Safety Officer (Post Engineer).
- b. Assistant Post Safety Officer (Assistant Post Engineer).
- c. Post Safety Inspector (by Special Orders).
- d. Post Safety Board (by Special Orders).

4. DUTIES. - The duties of the various assigned personnel are:

a. Post Safety Officer. - Establish and coordinate a program to provide accident controls for all personnel employed by or stationed at the Post, including a motor vehicle safety program.

b. Assistant Post Safety Officer. - Assist in carrying out duties of Post Safety Officer and Post Safety Inspector.

c. Post Safety Inspector. -

(1) Carry out program as established by the Post Safety Officer and Post Safety Committee.

(2) Compile and maintain a list of potential and actual safety hazards in and about the Post and make recommendations for the elimination of unnecessary hazards.

(3) Supervise the preparation and processing of accident experience reports required by current directives

d. Post Safety Board. - Consists of department heads of the Medical Detachment, Mess Division, Post Exchange, Personnel Division, Detachment of Patients and American Red Cross who assists the Post Safety Officer in formation of Post Safety Program.

5. DEFINITIONS AND INSTRUCTIONS. - Definitions of terms used and instructions for their use in reports are as noted in ASF Cir No 360, 25 Sept 1945, Sec III.

6. REPORTS AND REPORTING PROCEDURES. - Reports and reporting procedures will be in accordance with ASF Cir No 360, 25 Sept 1945, Sec II.

7. AUTHORITATIVE REFERENCES. -

a. ASF Cir No 360, 25 Sept 1945, ASF Safety Program, Responsibilities, procedures and instructions, Part I, as amended by ASF Cir No 391 and ASF Cir No 428.

b. ASF Cir No 391, 18 Oct 1945, ASF Safety Program, Responsibilities, procedures and instructions.

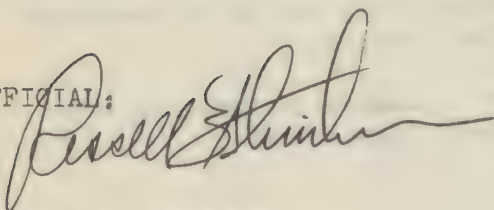
c. ASF Cir No 412, 6 Nov 1945, Accident Prevention Part II.

d. ASF Cir No 428, 27 Nov 1945, ASF Safety Program.

8. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

SIGNAL OFFICER

	Paragraphs
Duties	1
Inspections and Investigations	2
Post Communications Services Account	3
Reports	4
Authoritative References	5
Rescissions	6

1. DUTIES. -

a. The Signal Officer is appointed by the Commanding Officer. The Signal Officer is responsible to the Commanding Officer on administrative and technical matters. He is charged with administration of the Post Telephone and Telegraph systems and for settlement of all accounts for telephone and telegraph service at the Post.

b. He is charged with the maintenance of the Radio and Public Address systems. The Signal Officer is custodian of the Post Communications Service Account.

2. INSPECTIONS AND INVESTIGATIONS. -

a. Make on premises visits to 15 percent of the total telephone stations in service each month, for the purpose of checking communications requirements, adequacy of provided service, excess service usage, location of equipment, or other service features requiring attention of the Post Signal Officer.

b. Investigate and verify that no obligations are incurred which are not covered by available funds.

c. Investigate all complaints regarding communications services. (TM 24-205.)

3. POST COMMUNICATIONS SERVICES ACCOUNT. - The Post Signal Officer as custodian of the account will:

a. Deposit all collections of charges for unofficial telephone and telegraph services in the bank to the credit of the post communications services account, either daily or as often as necessary in order to assure that the total collections on hand at the post do not exceed \$200.00.

b. Furnish in writing to civilian personnel director a statement of the amount of special deposit funds that are available for the payment of salaries of civilian employees engaged in the handling of unofficial

telegraph messages. This amount will be derived from the contributions made to the Government by the telegraph companies concerned in lieu of commissions for the handling of such messages by Army personnel.

c. Transmit quarterly to the central post fund any money be coming available in excess of the cost of communications services.

d. At the time of change of Signal Officers, cooperate with incoming Signal Officer and a qualified officer appointed by the post Commanding Officer in checking the Post Communications Services Account as described in detail in TM 24-205, par 86, page 45. (TM 24-205.)

4. REPORTS. -

a. Monthly. -

(1) Report on Telephone and Telegraph costs and leased line usage. Submitted to Fifth Service Command Signal Officer.

b. Annual. -

(1) Prepare an annual report in narrative style giving an account of the activities of the Signal Department and continuing statistical data covering the volume of work accomplished.

5. AUTHORITATIVE REFERENCES. -

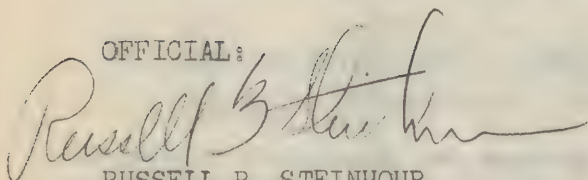
a. AR 105-5 - Signal Activities

b. TM 24-205 - Administrative Procedures for Communications Services.

6. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOURL
Major, MAC
Adjutant

RUSSELL B. STEINHOURL
Major, MAC
Adjutant

FIXED AND TELEPHONE COMMUNICATIONS SYSTEMS

	Paragraphs
Fixed Communications Systems	1
Telephone Communications Systems	2
Outside Calls	3
Request For Repairs, Moves, and New Stations	4
Telephone Directory	5
Authoritative References	6
Rescissions	7

1 FIXED COMMUNICATIONS SYSTEMS. - Fixed signal communications systems embraces all facilities required to meet communications requirements of the Post except temporary systems and facilities used by troops in field operations, without regard to whether such fixed facilities are owned and installed by the Government or procured from commercial communication companies. Such fixed systems include the following:

a Administrative telephone and telegraph systems and facilities including all telephone facilities required by the Post for administrative communication purposes

b Guard reporting telephone systems

c Miscellaneous fixed communications facilities, such as fixed public address systems, interoffice communications systems, and fixed facilities for recording telephone and radio communications

d The Signal Officer will maintain necessary records of the systems and will keep the commanding general of the service command informed of all developments or conditions or activities at the Post, especially those that are likely to require changes in or additions to the existing plant.
(AR 105-20)

2 TELEPHONE COMMUNICATIONS SYSTEMS. - Telephone service will operate under the supervision of the Signal Officer. This telephone service will be supplied on the rental basis contracted for by the Fifth Service Command Signal Officer. The contracting telephone company will be responsible for the collection of all charges for personal telephone calls. According to current War Department regulations, all telephones will be classified as:

a CLASS A. - This classification will apply only to telephones which are authorized for the transaction of official business of the Army and require access to commercial telephone company trunks or other connections for the proper conduct of such business.

b. CLASS B. - This classification will apply to telephones which are authorized as a military necessity but which may be used for unofficial service, including use of commercial telephone company trunks for local and toll communications, provided that the case of such communications is paid for by the subscribers to those telephones, such as ARC, AES, Officers Club.

c. CLASS C. - This classification will apply only to telephones which are authorized for the transaction of official business of the Army but which are restricted to intrapost communications and not permitted access to commercial telephone company trunks or other connections for either outgoing or incoming local and toll communications.

3. OUTSIDE CALLS. -

a. LONG DISTANCE CALLS. - Such official calls will be made by a responsible person after he (she) has the approval of the Commanding Officer, Executive Officer, or Adjutant, or after regular hours, by the Administrative Officer of the Day. OTHER THAN OFFICIAL LONG DISTANCE CALLS WILL NOT BE MADE OVER GOVERNMENT RENTED TELEPHONE SYSTEMS UNLESS PLACED COLLECT.

b. OTHER THAN OFFICIAL CALLS. - Pay stations are located in the telephone center, recreation rooms of the officers, nurses and detachment quarters. All other than official calls will be placed through these stations according to the instructions mounted thereon. ONLY OFFICIAL COLLECT CALLS WILL BE ACCEPTED THROUGH THE ARMY RENTED TELEPHONE SWITCHBOARD AND THEN WITH APPROVAL OF HOSPITAL OFFICIALS. PAR 3a.

4. REQUEST FOR REPAIRS, MOVES, AND NEW STATIONS. - All requests for repairs, moves, and new installations will be made in writing to the Post Signal Officer through the Executive Officer. The Executive Officer will either approve or disapprove the request and forward it to the Post Signal Officer. He will be informed by the Signal Officer from time to time on policies and conditions of the telephone system. In cases of requests for a new station, the Executive Officer will classify the station according to regulations set forth in TM 24-205.

5. TELEPHONE DIRECTORY. - The telephone directory is the responsibility of the Post Signal Officer. He will publish a new directory quarterly or oftener if deemed necessary due to numerous changes. Changes in telephone numbers will be announced in daily hospital bulletin and corrections may be made in telephone directories to keep them current. (TM 24-205.)

6. AUTHORITATIVE REFERENCES: -

a. AR 105-20 - Fixed Communications and Telephone Communications Systems.

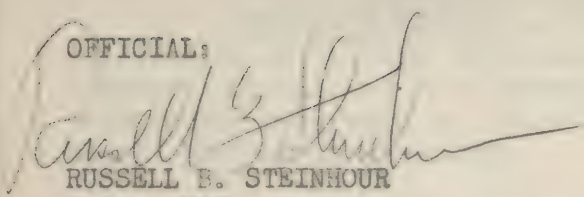
b. AR 210-50 - Non-appropriated Funds.

c. TM 24-205 - Administrative Procedures For Communications Services.

7. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOURL
Major, MAC
Adjutant.

RUSSELL B. STEINHOURL
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 105-25)

HR 105-25
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio.
1 January 1946.

TELEGRAPH COMMUNICATIONS SYSTEMS

1. TELEGRAPH SERVICE. - Telegraph Service will be provided by utilization of teletype equipment supplied by the Western Union Telegraph Company. Designated civil service employees will be responsible for the sending and receiving of all official and personal telegrams. The Post Signal Officer is in charge.

a. OFFICIAL MESSAGES. - All official telegraph messages will be approved by the Commanding Officer, Executive Officer, or the Adjutant, and in cases after office hours by the Administrative Officer of the Day.

b. TELEGRAPH MESSAGES OTHER THAN OFFICIAL. - Non-official messages will be accepted at the Telegraph office, which will be open for transmission of telegrams between the hours of 0800 to 1700 hours. All non-official messages will be sent either prepaid or collect. IN NO CASES WILL MESSAGES BE CHARGED. (TM 24-205.) After 1700 hours, telegraph messages may be sent from any pay station in the hospital by calling "Western Union".

2. AUTHORITATIVE REFERENCES. -

a. AR 105-25 - Telegraph Communications Systems.

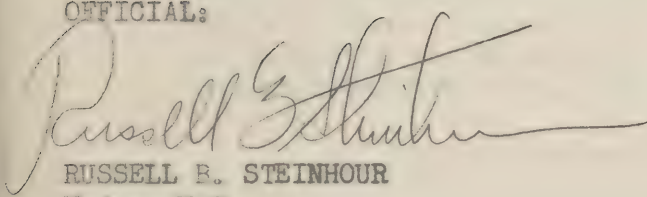
b. TM 24-205 - Administrative Procedures For Communications Services.

3. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 210-10)

HR 210-10
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

POST AND HOSPITAL ADMINISTRATION

	Paragraph
Term and Name.....	1
Officer Commanding.....	2
Duties, General, of Commanding Officer.....	3
Special Duties of Commanding Officer.....	4
Organization and Staff.....	5
Hospital Regulations, General Provisions.....	6
Authoritative References.....	7
Rescissions.....	8

1. TERM AND NAME. - The term "Post" includes the "General Hospital", at which the duties and functions prescribed in AR 210-10 are required and performed. The name "Crile General Hospital" was established by Sec. I, War Dept. G. O. No 48 Aug 1943.

2. OFFICER COMMANDING. - The Commanding Officer was designated by War Department Special Orders. For general provisions of Hospital Regulations, see HR 1-15. Any or all details of post administration may be delegated to the Executive Officer (AR 210-10) except those duties which;

a. Are imposed by law, such as those mentioned in the pertinent Articles of War, appropriation acts, and other statutory provisions.

b. On account of their manifest importance, or because of special existing local conditions, may not be appropriately delegated.

c. Are specifically retained by order of higher authority.

3. DUTIES, GENERAL, OF COMMANDING OFFICER. - The Post Commander is responsible for insuring that the provisions of Army Regulations are strictly observed and that local instructions are guided by the AR spirit and intention. General duties include the responsibility for; (AR 40-590; 210-10)

a. Care and welfare of all patients.

b. Proper discipline and administration of the hospital, including reports, registers and records.

c. Care and safeguarding all public property.

d. Proper expenditure of supplies and funds.

- e. Preparation of requisitions, returns and payrolls.
 - f. Supervision over duties delegated to subordinates.
 - g. Admission, conduct, treatment, records and disposition of patients.
 - h. Assignment, command and efficiency reports of duty personnel.
 - i. Inspection of hospital and personnel.
 - j. Use of hospital property, buildings, quarters and messes.
 - k. Safety and defense of the post.
 - l. Welfare of military personnel.
 - m. Discipline, conduct, bearing and appearance of military personnel under his command.
 - n. Instruction and training (except tactical) and training facilities.
 - o. Preservation, proper application and use of public property.
 - p. Enforcement of laws and regulations including the exercise of court martial jurisdiction in accordance with Articles of War.
 - q. Proper condition of quarters and buildings.
 - r. Enforcement of rigid economy in public expenditures.
 - s. Correction of all irregularities and extravagances he may discover or which may be reported to him.
 - t. Guarding of public interest in every particular.
 - u. Preservation and promotion of harmonious relations with civilians.
4. SPECIAL DUTIES. - The post hospital commander is responsible for; (AR 210-10; AR 40-590)
- a. Funds and property. -

(1) Requisitions and estimates. - Requisitions for supplies and equipment and estimates for allotments of funds, as distinguished from funds requested by a disbursing officer, will be properly prepared and submitted. All budgets will be submitted to the Commanding Officer prior to transmission to Service Command.

(2) Safeguarding. -

- (a) Funds, property, alcoholics and narcotics will be adequately administered and accounted in accordance with laws and regulations.
- (b) Bonding of all persons as required by AR 35-220 and WD instructions.
- (c) Make inspections of bonded assistants to disbursing officers. AR 35-220.
- (d) Furnish payroll certifying officers to disbursing officer.
- (e) Notify disbursing officer of separation or change of status of officers.

(3) Prescribing inventories of property in hands of accountable and responsible officers. AR 30-2320; AR 35-6520.

(4) Taking necessary action to inventory, receipt, and account for public property charged to officers separated from the command. AR 210-10.

(5) Inspection of property before salvage. AR 35-6640.

(6) Use of government vehicles. AR 850-15.

(7) Report of theft and recovery of firearms.

b. Approval of all ration returns; ration and savings accounts; authorization to mess separately. AR 210-10, 40-590.

c. Assignment, adequacy and termination of quarters for all personnel. Par 13, AR 210-10; Par 13e AR 40-590.

d. Operation, efficiency and inspection of Post Quartermaster laundry and auditing of funds. Par 14, AR 210-10; Par 14, AR 40-590.

e. Placing personnel on detached service for periods not exceeding 10 days, when in the interest of the service and without expense to the government.

f. Employment of civilians as mess personnel and janitors from appropriated funds.

g. Buildings and grounds, including upkeep, gardens and preservation of trees.

h. Reporting damage to public buildings.

i. Use of public buildings by officer's clubs, messes, or similar social organizations.

j. Obtaining full knowledge of all construction work within the territorial limits of his jurisdiction, including maintenance and repair.

k. Construction of buildings, other than public; authority is granted by Secretary of War.

l. Digging in vicinity of underground cables.

m. Regulations and records; distribution, filing, inspection, preservation or transfer.

n. Post flag - hoisting and lowering in accordance with AR 600-25.

o. Welfare, physical effectiveness and morale; including lay and religious education, recreational athletics, and social entertainment. All welfare activities on any post will be conducted by military agencies (Except as provided by Y.M.C.A. and A.N.R.C.) AR 210-10.

p. Preventing personnel from competing with civilian enterprises.

q. Mess and pharmacy management. AR 40-590.

r. Reports of death and preparation of remains. AR 40-590.

5. ORGANIZATION AND STAFF. - See HR 10-15.

6. HOSPITAL REGULATIONS, GENERAL PROVISIONS. - Read HR 1-15.

7. AUTHORITATIVE REFERENCES. -

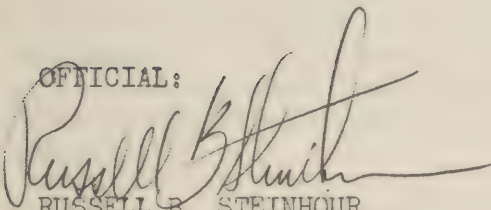
a. AR 30-2320, 19 Mar 43; Care of Subsistence Stores.

- b. AR 35-220, 7 Dec 44; Bonds of Accountable Officers.
- c. AR 35-6520, 16 Feb 45; Property Accountability and Responsibility.
- d. AR 35-6640, 16 Apr 45; Accountability of Lost, Damaged and Destroyed Property.
- e. AR 40-590, 29 Aug 44; Administration of Hospitals.
- f. AR 210-10, 20 Dec 40; Post Administration.
- g. AR 850-15; 28 Aug 43; Motor Vehicles.
- h. TM 12-250, 10 Oct 42; Administration.

8. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 210-50)

HR 210-50
CRILE GENERAL HOSPITAL
Cleveland 1, Ohio
1 January 1946

NONAPPROPRIATED FUNDS

	Paragraph
General.....	1
Classes of Funds.....	2
Purposes.....	3
Accounting for Funds.....	4
Auditing of Funds.....	5
Safeguarding Funds.....	6
Inspections.....	7
Authoritative References.....	8
Rescissions.....	9

1. GENERAL. -

a. Certain revenue-producing, welfare and sundry activities will be authorized to supplement activities supplied by the Government from appropriated funds and these activities will be designated to contribute to the comfort, pleasure, contentment and mental and physical improvement of military personnel. The funds accumulated will be used solely for the benefit of military personnel.

b. These activities will be financed from the accumulation of cash, investments or other assets under the name of nonappropriated funds. AR 210-50.

2. CLASSES OF FUNDS. -

a. Nonappropriated funds at this installation are classified as follows:

(1) Revenue-producing Funds - funds from activities established primarily to furnish merchandise and services to military and civilian personnel at this installation. Such revenue-producing funds are authorized as follows:

(a) Post Exchange.

(b) Post Theatre.

(2) Welfare funds - those funds established and maintained from income derived from revenue-producing activities or from voluntary contributions. Welfare funds are authorized as follows:

(a) Central Post Fund.

(b) Unit Funds.

1. Unit Fund 3596th SCU.

2. Unit Fund 107th WAC Hosp. Co.

3. Unit Fund 276th Gen. Hosp.

4. Unit Fund 1542nd SCU.

(3) Sundry funds - the establishment, maintenance and operation of funds of clubs and similar associations for military personnel. The revenues of such clubs and associations will consist of dues and assessments paid by members, contributions, and incidental income from the operation of certain minor revenue-producing activities, such as the provision of facilities for feeding or housing members. Sundry funds are authorized as follows:

(a) Officers Club, Crile GH.

(b) NCO Club, Crile GH.

(c) Nurses Fund, Crile GH.

(d) Billetting Fund, Crile GH.

(4) Post Trust Fund - this is a central depository into which dividends or payments from revenue-producing activities will be paid. AR 210-50.

(5) Hospital fund - a fund authorized to receive commutation of rations and subsistence charge collections for patients, enlisted personnel, civilian employees from whose salaries a deduction is made for the value of meals furnished to them at the hospital, for duty officers and for such other persons as may be authorized to subsist at the hospital mess. AR 40-590.

3. PURPOSES. -

a. Revenue-producing funds - in addition to the direct benefits accruing to military personnel resulting from sales of services and merchandise at low prices, such profits as are produced will be devoted primarily to welfare activities at the installation. Each month the post exchange officer will, based upon the financial statement for the preceding month, calculate and pay a dividend to the post trust fund. AR 210-65.

At the end of each week, all funds in excess of the authorized working balance of the Post Theatre fund will be forwarded to the Army Motion Picture Service. Periodically the Chief of the Army Motion Picture Service will declare dividends to the post trust fund. AR 210-390.

b. Welfare Funds.

(1) Central Post Fund - The purposes of this fund will be to provide welfare facilities, equipment, and services for the general use of the military personnel at this post as a whole when appropriated funds are not available, and to satisfy the needs of units for such facilities and equipment. The Central Post Fund will be administered by a custodian designated by the Post Commander. The custodian will be aided by a council consisting of not less than seven nor more than nine members presided over by the Post Commander.

(2) Unit funds - Established for the purpose of supplying funds for the procurement of articles and services, not available from appropriated funds, which will contribute to the welfare of the enlisted personnel of the organization to which the fund pertains. The officer in command of the pertinent unit will be the custodian and is charged with the administration of the funds with the advice of fund council. AR 210-50.

c. Sundry Funds - The funds of authorized clubs or similiar associations may be expended for facilities, equipment, or services for the use of members and for recreational or social activities conducted for members. These funds will be administered, under the general supervision of the Post Commander, by a custodian in accordance with policies of the fund council or board. AR 210-50.

d. Post Trust Fund - This fund is authorized to redistribute funds received from revenue-producing activities to the Central Post Fund, Unit Funds, and the Army Central Welfare Fund in accordance with the provisions of par 8c AR 210-50, dated 13 December 1945. This fund will be administered by a custodian designated by the Post Commander. AR 210-50.

e. Hospital Fund - This fund is established to handle the financial transactions pertaining to all messes operated under the authority of the Commanding Officer of the hospital and to provide for the procurement of facilities, equipment or services which will contribute to the welfare, comfort, pleasure, contentment and mental or physical recovery or improvement of patients in the hospital. An officer, designated by the Commanding Officer, shall be custodian of the Hospital Fund and shall administer it under his direction. A council shall be appointed by the Commanding Officer to advise and assist in the administration of the fund. AR 40-590.

4. ACCOUNTING FOR FUNDS. -

a. The custodian of each fund will maintain the accounts of financial and property transactions pertaining to the fund.

b. Custodians of all welfare and sundry funds will be responsible for the maintenance of the necessary books and records to reflect the current status and condition of the respective funds and to provide current data for reporting purposes. Accounts will be maintained in accordance with applicable accounting procedures. AR 210-50.

c. Reports of Welfare funds will be prepared by the custodians of such funds each month in accordance with existing instructions and forwarded to the custodian of the Post Trust Fund. Custodian of the Post Trust Fund will submit a monthly report to the custodian of the Army Central Welfare Fund which will show the receipt and distribution of funds by the Post Trust Fund. AR 210-50.

d. A copy of a financial statement of the status of each fund and of its revenues and expenditures will be given publicity at least quarterly in order that the military personnel of the post or organization to which the fund pertains may be apprised of its condition. AR 210-50.

5. AUDITING OF FUNDS. -

a. The responsibility for the audit of the Post Exchange fund rests with the Commanding General SvC and an audit of this fund will be made not less frequently than quarterly by a field representative. AR 210-65.

b. The accounts of the Post Theatre will be audited by the Post Fiscal officer not less frequently than quarterly. Such audits will be performed in conformity with policies and procedures and at such dates as specified by the Chief of the United States Motion Picture Service. AR 210-390.

c. The responsibility for the audit of the Central Post Fund and the Post Trust Fund rests with the Commanding General of the Service Command. These accounts will be audited semi-annually by field agents designated by SvC hqs. However, upon transfer of these accounts to successor custodians an audit will be made by the Post Fiscal officer in every case. AR 210-50.

d. Unit and Sundry Funds will be audited by the Post Fiscal officer quarterly, upon transfers to successor custodians, and at such other times as Post Commander considers it necessary. AR 210-50.

e. The Hospital Fund will be checked monthly by the council and will be audited semi-annually under the supervision of the SvC Commanding General through the SvC Fiscal Director. Audits will be made by the Post Fiscal officer upon transfer of account to successor custodian and at such other times as determined by the Post Commander.

6. SAFEGUARDING FUNDS. -

a. The Post Commander will approve the amount of cash which may be kept in the personal possession of each custodian at his own risk for necessary cash payments.

b. Cash in excess of the amounts authorized will be deposited promptly in banks. National or State banks which are members of the Federal Deposit Insurance Corporation will be used wherever practicable. Whenever deposits exceed the amount of Federal insurance of deposits, the custodian will take action, in accordance with War Department directives to secure the safety of such excess. WD Cir 5, 1945.

c. Funds deposited in a bank will be placed under the official designation of the fund and not to the credit of the custodian in his individual capacity. AR 210-50.

d. In case of loss of funds or other assets of a fund, other than financial losses incurred in normal operations, the circumstances will be carefully investigated by a board and the proceedings of the board will be transmitted through channels to the commander responsible for the annual general inspection of the fund concerned for his decision and final action. AR 210-50.

7. INSPECTIONS. -

a. Inspections will be made, when deemed appropriate or necessary by the Post Commander, and the officer making the inspection will report findings covering any irregularities to the Post Commander. Officer making inspections will inquire into all matters affecting the financial status of the fund inspected, will ascertain the propriety of the expenditures and that all appropriate revenues have been received and recorded, and will recommend necessary corrective measures when irregularities are found to exist. AR 210-50.

b. Inspections will also be made by officers of the Inspector General's Department, as required by regulations.

8. AUTHORITATIVE REFERENCES. -

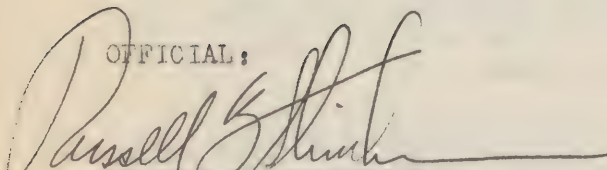
a. AR 40-590, 20 Aug 1944, Administration of Hospitals, General Provisions.

- b. AR 210-50, 13 Dec 1945, Nonappropriated Funds.
- c. AR 210-65, 12 June 1945, Army Exchanges.
- d. AR 210-390, 10 July 1942, Motion Picture Service.
- e. WD Cir 5, 1945, Sec III, Non-appropriated Funds.
- f. CGH, HR 35-5, 1 Jan 1946, Fiscal Division.
- g. CGH, HR 400-5, 1 Jan 1946, Boards, Councils and Committees.

9. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

AUDIT SCHEDULE

NONAPPROPRIATED FUNDS

CRILE GENERAL HOSPITAL

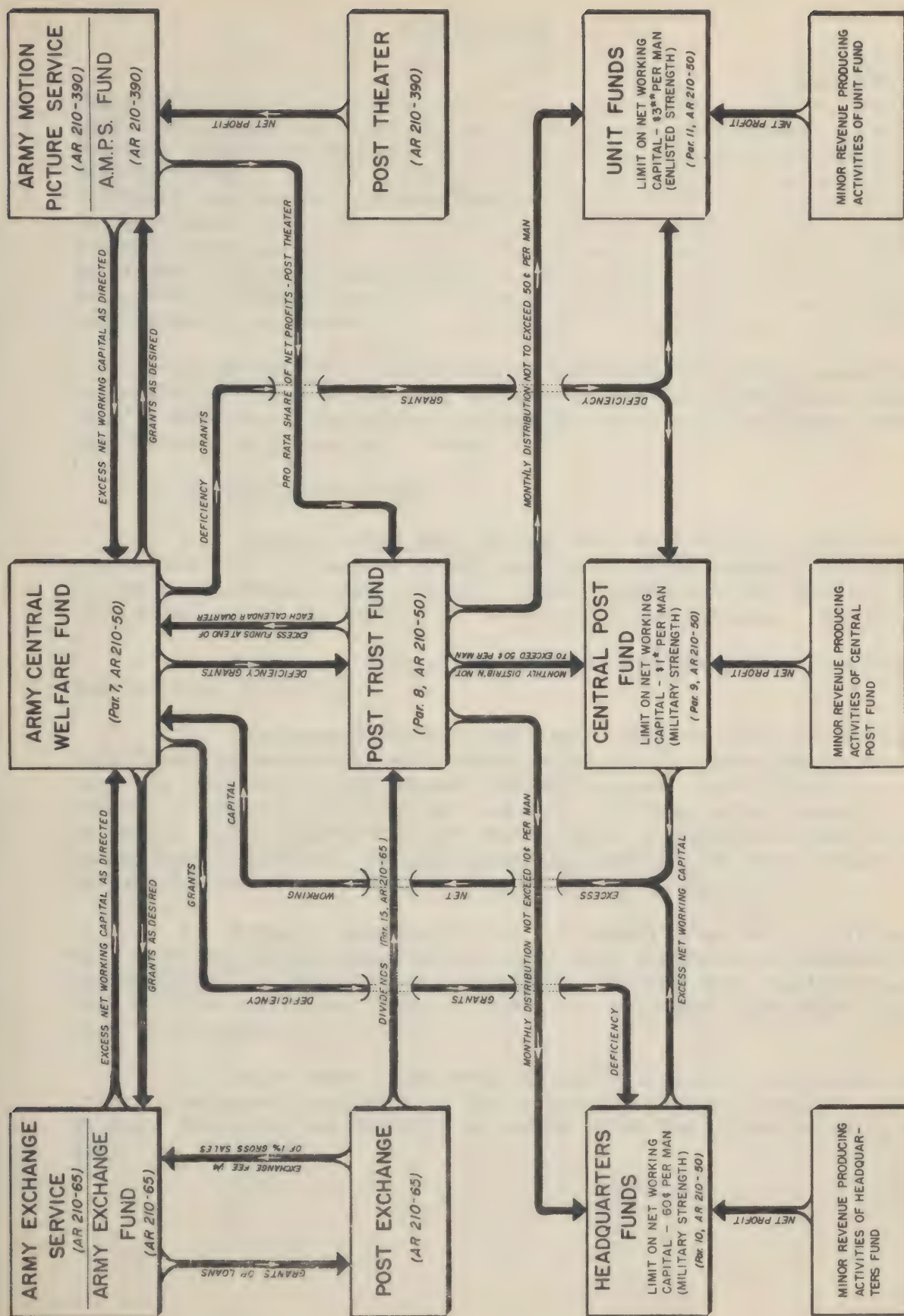
<u>FUND TITLE</u>	<u>TYPE FUND</u>	<u>AUDIT PERIOD</u>	<u>AUDIT PERFORMED BY</u>
Post Exchange	Revenue Producing	Quarterly	SvC Fis Dir
Army Theatre	Revenue Producing	Quarterly	Post Fis Officer
3596th SCU Unit Fund	Welfare	Quarterly	Post Fis Officer
107th WAC Hosp Co	Welfare	Quarterly	Post Fis Officer
380th ASF Band	Welfare	Quarterly	Post Fis Officer
Billetting Fund	Sundry	Quarterly	Post Fis Officer
Non-Com Club	Sundry	Quarterly	Post Fis Officer
Nurses Fund	Sundry	Quarterly	Post Fis Officer
Officers Club	Sundry	Quarterly	Post Fis Officer
Post Trust Fund	Trust	Semi-Annually Transfer of Custodian	SvC Fis Dir Post Fis Officer
Central Post Fund	Welfare	Semi-Annually Transfer of Custodian	SvC Fis Dir Post Fis Officer
Hospital Fund	Welfare	Semi-Annually Transfer of Custodian	SvC Fis Dir Post Fis Officer

FLOW OF NONAPPROPRIATED FUNDS

HR 210-50
CRILE GH
1 Jan 46

NOTES: ^a For exceptions, see Par. 8c(7), AR 210-50
^b No withdrawals where net working capital exceeds \$3 per man but
 no distribution will be made in such cases.

PREPARED BY:
Office of Recorder,
Army Control Western Field



MESS DIVISION

	Paragraph
Organization.....	1
Mess Officers Duties.....	2
Hospital Dietitians Duties.....	3
Ward Officers.....	4
Officers' Mess and Subsistence Charges.....	5
Patients Mess.....	6
Patients Diets.....	7
Additional Duties of Mess Officer.....	8
Authoritative References.....	9
Rescissions.....	10

1. ORGANIZATION. - All messes at this hospital will be under the immediate supervision of the Mess Officer designated by the Commanding Officer. He will have such commissioned assistants, dietitians, enlisted personnel and civilian employees as allowed.

2. MESS OFFICERS DUTIES. -

a. General. - The Mess Officer will have charge, administer and be responsible for all messes in this hospital. He is responsible for the selection, purchase, care, storage, issue, preparation and serving of all food supplies and the keeping of mess records and accounts. ASF Cir 235.

b. Records. - Keep such records as are prescribed in current Army Regulations. AR 40-590.

c. Procurement of Food Supplies. - The Mess Officer or his authorized representative will check and sign all orders for purchase of food supplies required for all messes. He will assure himself that all supplies charged to the Hospital Fund are actually received, safely stored and issued properly. All components of the rations will be purchased from the Quartermaster when available. He will check all invoices for correctness prior to payment by Custodian of Hospital Fund. TM 8-262, TM 10-210.

d. Property Responsibility. - Physical inventory of all property will be taken in accordance with current Army Regulations. Reports of inventory will be made to the accountable officers upon completion and surveys will be instituted, without delay, for shortages that cannot otherwise be adjusted.

e. Night Cook. - The Mess Officer will detail one or more cooks from the personnel available to him to prepare a night lunch for personnel on night duty. No persons will be served other than those actually on night duty.

f. Meal Hours - Meals will be served promptly at hours prescribed by the Commanding Officer. No one will be served at other hours unless they are authorized duty which makes it impossible for them to be served at the regular hours.

3. HOSPITAL DIETITIANS DUTIES. - The Chief Dietitian, under the Mess Officer and his commissioned assistants, is in charge of the cooks and all other enlisted and civilian personnel including dietitians assigned to the Mess Division. She is responsible for the food service to patients authorized to subsist at the hospital messes. She will plan the menus for patients and personnel, collaborate with the Mess Officer in the requisitioning and purchasing of food supplies and equipment, supervise the preparation and serving of food, the instruction of special diet patients; she will assist in the supervision of mess sanitation and the maintenance of accounts and records of the Mess Division. All mess records will be made available to the Chief Dietitian. She will regularly inspect stocks of food on hand in order to prevent food spoilage and to insure proper turnover of slow-moving stocks. She will have immediate charge of all dietitians, will assign them to duties in the various departments of the Mess Division, and she is responsible for their discipline and proper performance of duty AR 40-590, AR 40-25

4. WARD OFFICERS. - Ward Officers are directly responsible for the proper supervision of such messing activities and facilities as pertain to the feeding of patients in their respective wards. Nothing in these regulations will be interpreted to prevent the Mess Officer or his representative from making periodical inspection of the food served to patients, appearance of trays, ward kitchens, etc. Such inspections will be made at frequent intervals and irregularities or defects which may be found to exist will be reported to the Ward Officer, who will take necessary corrective action. The Mess Officer will render any assistance or advice deemed necessary.

5. OFFICERS' MESS AND SUBSISTENCE CHARGES. -

a. Patient Officers' Mess - A Mess for patient officers will be maintained in connection with the general hospital mess at a charge of \$1.00 per day. Ambulatory patient officers will appear in dining room only in full authorized uniform. Non-ambulatory patient officers will be served in their respective wards.

b. Duty Officers Mess - A mess for officers on duty at the hospital will be maintained in conjunction with the patient officers mess. Officers joining the hospital staff will be required to sign a Mess Contract, WD AGO Form 8-199. They will be charged for meals at the current rate of \$1.00 per day or 35¢ per meal.

c. Collections. - The Clearance Section will collect all subsistence indebtedness due the Hospital Fund from duty personnel and pay patients. All duty personnel and pay patients are required to pay their indebtedness in full on the fifth day of each month or upon being discharged, TM 8-262.

6. PATIENTS' MESS. - All ambulatory patients on regular diet whose physical condition permits will be served in the general mess. Patients whose physical condition requires special consideration will be given table service. As many types of special diets as mess hall facilities can accommodate will be served in the general mess. Ambulatory officer patients on special diets will be served in the patient officers' mess when so designated by signed order of the ward officer.

7. PATIENTS DIETS. -

a. Classes of Diets. - The diets at this hospital will be as follows; Regular, Soft, Liquid and Special. A daily menu of the first three will be prepared by the Dietitian, who will send a copy to each ward, one day in advance. Special diets constitute such articles as may be ordered by the Ward Officer. They should be ordered only when regular diets will not meet the particular requirements of the case.

b. Procedure in Ordering Diets. - Ward Officers will submit a Diet Slip to the office of the Chief Dietitian before 0800 hours daily. Ward nurses will contact the office of the Chief Dietitian to learn those special diets currently served. TM 8-500.

8. ADDITIONAL DUTIES. - Custodian of Hospital Fund. TM 8-262, AR 40-590.

9. AUTHORITATIVE REFERENCES. -

a. AR 40-590, Change 4, 31 Aug 1945, Accounting Procedures for Hospital Funds.

b. TM 10-205, 3 Oct 1944, Mess Management and Training.

c. TM 10-210, 23 Sep 1940, Inspection of Subsistence Supplies.

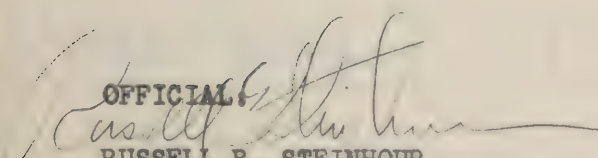
d. AR 40-25, 9 Apr 1943, Hospital Dietitians.

e. ASF Cir 235, 22 Jun 1945, Food Service Program.

f. TM 8-262, 1 Oct 1945, Administration of Fixed Hospital Zone of Interior.

10. RESCISSIONS. - None.

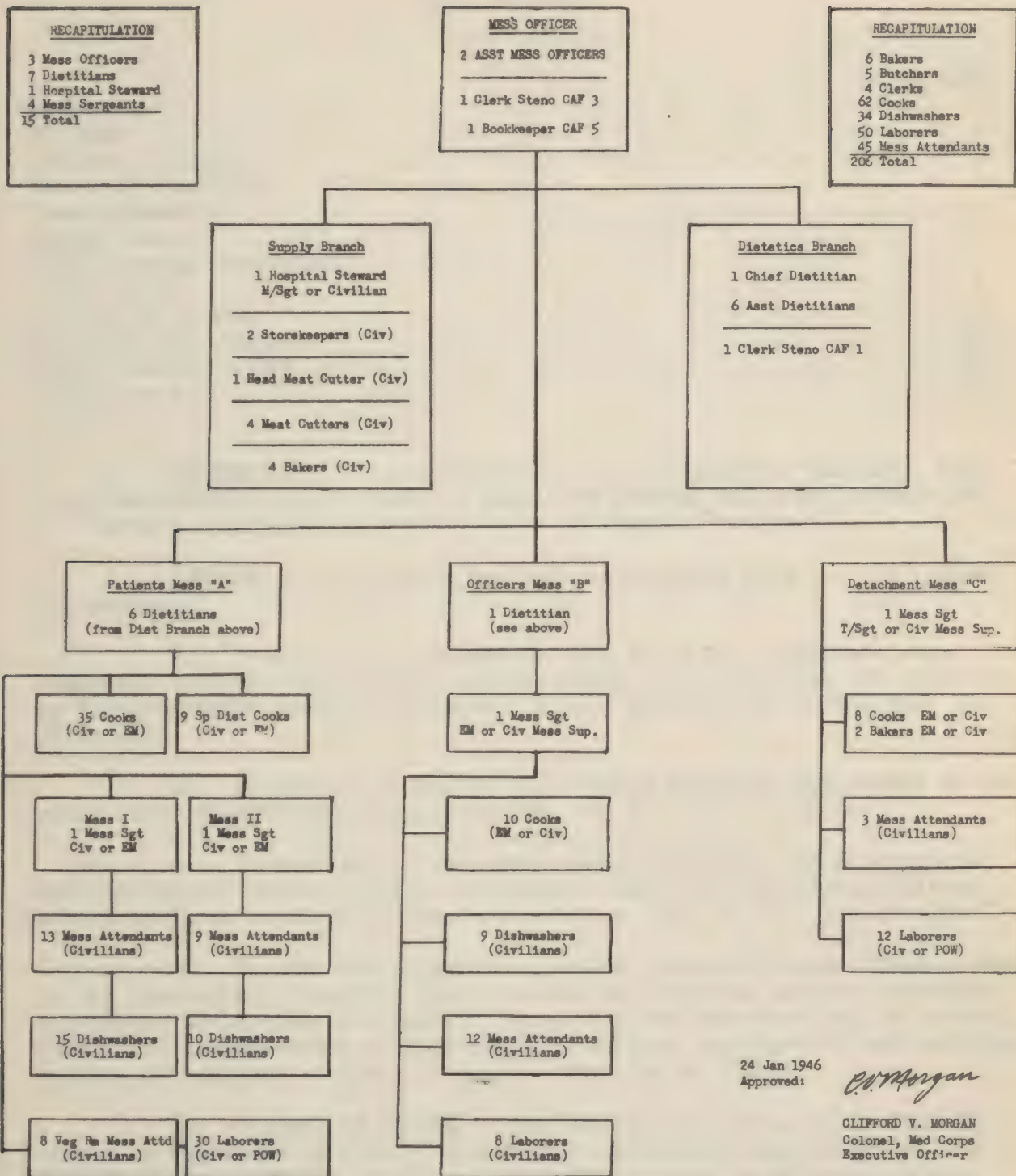
BY ORDER OF COLONEL EMERSON:

OFFICIAL

 RUSSELL B. STEINHOOR
 Major, MAC
 Adjutant

RUSSELL B. STEINHOOR
 Major, MAC
 Adjutant

**MESS DIVISION
CRILE GENERAL HOSPITAL**

**HR 210-60
1 Jan '46**



HOSPITAL REGULATIONS)
NO. 210 65)

HR 210 65
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio
1 January 1946.

POST EXCHANGE

	Paragraphs
Definition	1
Purpose	2
Officer in Charge	3
Hours of Operation	4
Concessionaires	5
Barber Shop	6
Post Exchange Restaurant	7
Tailor Shop	8
Cashing of Checks	9
Financial Statements	10
Authoritative References	11
Rescissions	12

1. DEFINITION - An Army Exchange, as an adjunct of the Army, supplies merchandise and services to specified persons and organizations and is financed by non appropriated funds AR 210 50, Par. 3b (1).

2. PURPOSE - An Exchange has been established here for the following purposes:

a. To supply the persons to whom sales are authorized, at reasonable prices, with articles of necessity and convenience not supplied by the government except as provided in Par. 10b (5), AR 210 65; Par. 13, AR 210 65.

b. To operate or manage all revenue producing activities on the post, other than those stipulated in Sec. I, Par. 3b, AR 210 65.

c. To provide, or make available, management and procurement service for all food or feeding facilities other than organized Military Messes or those supplied by the Quartermaster, Sec. I, Par. 3c, AR 210-65.

d. To make available from profits, subject to such limitations as are prescribed, funds which may be used to afford to military personnel additional facilities for comfort, recreation and amusement and to contribute to activities which will foster and increase the physical and spiritual welfare of military personnel. Sec. I, Par. 3d, AR 210-65.

3. OFFICER IN CHARGE - The Officer in charge of the Post Exchange is appointed by Special Order and will conduct the affairs of the Post Exchange in direct compliance with the policies established by the Commanding Officer, The Post Exchange Council and the Army Exchange Service. Sec. I, Par. 20, AR 210 65

4. HOURS OF OPERATION. - The Exchange will be open bus business as follows:

- a. Main Exchange. - Daily, except Sunday, 0900 to 1300 hours.
- b. Branch Exchange (Det. Dayroom). - Daily, except Saturdays and Sundays, 1630 to 2300 hours.
- c. Patients will not be permitted to make purchases in the Post Exchange before 1300 hours with exception of Saturday when they may procure after 1130 hours.

5. CONCESSIONAIRES. - The Post Exchange Officer will exercise supervision over concessionaires to insure efficient service and satisfactory prices. Sec. I, Par. 10e, AR 210-65.

6. BARBER SHOP. -

- a. The barber shop is operated by contract, under the provisions of Sec. III, Par. 35a to h (1), inclusive, AR 210-65.
- b. Prices for all work will be posted in plain sight at all times.
- c. Hours of operation will be from 0900 to 1800 hours daily, except Sunday.
 - (1) Duty Officers will be given priority from 0900 to 1400 hours daily.
- d. Patients will not be admitted except by a pass from the ward doctor or nurse prior to 1300 hours daily, except Saturday from 1130 hours.

7. POST EXCHANGE RESTAURANT. -

- a. At this hospital, the Post Exchange will operate as an authorized activity a restaurant and soda fountain, cafeteria style, to provide for the feeding of staff and patient personnel, civilian employees, visitors and guests at the Guest House. Sec. I, Par. 10a (4) (10), AR 210-65.
- b. Receipts, management, procurement of supplies, payment of personnel and services will be a part of the Post Exchange Fund, AR 210-50.
- c. Business hours will be as follows:
 - (1) Daily, except Sunday and holidays, 0900 to 2100 hours.
 - (2) Sunday and holidays, 1200 to 1900 hours.

8. TAILOR SHOP. - This concession will be operated on a contract basis with an option to cancel on thirty (30) days' notice by the Post Exchange Officer. Any contractor must agree to:

- a. Clean, press, and repair clothing.
- b. Carry insurance on all articles against fire, theft, and destruction.
- c. Guarantee delivery within three (3) days, unless alterations are required.
- d. Keep Receiving and Delivery Office open in P.X. from 0830 to 1830 hours daily except Sundays and Holidays.

9. CASHING OF CHECKS. - The Post Exchange Officer will use his discretion in cashing checks for members of this Command, including patients, providing cash is on hand from the day's sales, but he is not authorized to keep any part of the Post Exchange Fund for the specific purpose of cashing checks to accommodate those who apply to him for this purpose. Officers who cash checks from any funds or who receive checks in lieu of cash payments are held responsible for the amounts and they may properly refuse to accept checks in payment of goods sold. Par. 20c (9), AR 210-65. Amounts will normally be limited to twenty dollars (\$20.00). Requirements for the cashing of checks are as follows:

- a. Officers must present their AGO card, and sign check with complete signature and ASN as per AGO card.
- b. Enlisted men must present adequate identification such as identification tags or Class A pass
- c. Dependents of military personnel must present Crile General Hospital Post Exchange card.

10. FINANCIAL STATEMENTS. -

- a. Financial statements will be prepared monthly.
- b. Financial statements will be posted in a prominent place in the Exchange at all times.

11. AUTHORITATIVE REFERENCES. -

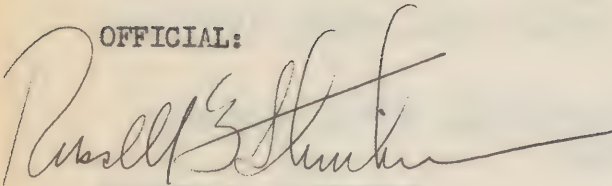
- a. AR 210-65, Army Exchanges.
- b. AR 210-50, Non-Appropriated Funds.

12. RESCISSIONS. -

a. CGH Memo, 9 April 1945.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

A handwritten signature in dark ink, appearing to read "Russell B. Steinhour", written over a horizontal line.

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

POST LIBRARY

	Paragraphs
General Provisions.....	1
Organization.....	2
Librarian.....	3
Procurement of Books.....	4
Procedures.....	5
Library Service.....	6
Additional Duties.....	7
Authoritative References.....	8
Rescissions.....	9

1. GENERAL PROVISIONS. - Under the direction of the Commanding Officer and the Cleveland Public Library Board, a Post library, known as the Crile General Hospital Library, was activated in February 1944. AR 210-70. This library, a station of the Cleveland Public Library was established for the use of all patients, military and civilian personnel, and was designated to house all recreational and vocational reading, maintain regulation library records and files, and serve the entire post in its reading activity.

2. ORGANIZATION. - The library is under the supervision of the Special Service Officer, and the head of Stations Department of the Cleveland Library. The librarian on the post is designated to supervise the staff operations of the Library.

3. LIBRARIAN. - The librarian maintains records covering the operation and conduct of the library; supervises and operates the technical library service, and when necessary, interprets and assists in the use of books whether for recreation or study; recommends the selection of cultural, recreational and informational books, pamphlets, magazines and newspapers. AR 210-70.

4. PROCUREMENT OF BOOKS. - Books for the Post library will be obtained by purchase from appropriated funds from the War Department and from non-appropriated funds. SB 10-87, AR 210-50.

5. PROCEDURES. - The property accountability records for all government books will be kept in a Government Accession book. The gift book record shall be kept separately. AR 35-6800.

Information shall include accession number, author, title, date received, date disposed of, voucher number, price and government ownership. Identification marks are placed in all books. AR 35-6800.

Shelf list, title and author catalogs and files are kept in the library. TM 28-305.

Inventory of property will be taken every fiscal year or oftener as desired. TM 38-403. A report of survey will be submitted for missing books. AR 210-70.

6. SERVICE. - The Post Library will service the entire hospital. Book trucks will visit the wards twice a week filled with books on a variety of subjects.

Within the library, a music room with a large selection of classical and popular records will be available daily between 0800 and 2100 hours. An inter-library loan system with the Cleveland Public Library increased library service to the hospital.

7. ADDITIONAL DUTIES. -

a. Member of Cleveland Public Library speaker's Bureau.

8. AUTHORITATIVE REFERENCES. -

a. AR 35-6800, Accountability for Library Books, 24 June 1942.

b. AR 210-50, Non-appropriated funds, 20 Jan 1945.

c. AR 210-70, Service Clubs and Libraries, 15 May 1945.

d. SB 10-87, Procurement of Books, 5 July 1944.

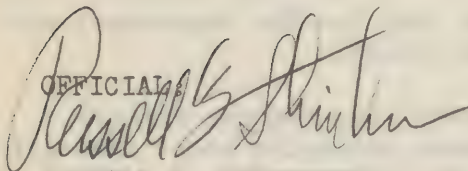
e. TM 28-305, Small Army Libraries, November 1944.

f. TM 38-403, Station Supply Procedure, 1 Aug 1944, C-1, 4 Nov 1944.

9. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

MOTION PICTURE SERVICE

	Paragraphs
General	1
Admission Charge Section	2
Patronage Eligibility Section	3
Schedule Section	4
Theater Personnel Section	5
Reports Section	6
Funds Section	7
Audit Section	8
Property Accountability Section	9
Authoritative References	10
Rescissions	11

1. GENERAL. - The U. S. Army Motion Picture Service provides first run movies on a regular schedule which are presented in the Post Theater. Movie attendance is encouraged in an effort to direct the employment of idle hours in a manner beneficial to the morale and physical health of the men. AR 210-390 and TM 28-405.

2. ADMISSION CHARGE SECTION. - The charge for admission will be fifteen cents for adults and ten cents for children under fourteen years of age. AR 210-390.

3. PATRONAGE ELIGIBILITY SECTION. - Admission to motion picture shows will be restricted to -

a. Military personnel on active duty.

b. Members of the households of military personnel who actually reside at the post, camp, or station to which the individual is assigned for active duty.

c. Members of the households of military personnel on active duty when in the company of such military personnel.

d. Civilians residing within the limits of the post, camp, or station.

4. SCHEDULE SECTION. - Movies are shown at the Post Theater five days each week. Sunday, Monday, Wednesday and Friday, two performances are given, the first show at 1730 hours for hospital patients only; the second show at 1945 hours for all hospital duty personnel. On Wednesday, a matinee is also presented at 1400 hours for patients and duty personnel. Saturday one show is presented at 1900 hours. AR 210-390.

5. THEATER PERSONNEL SECTION. Theater personnel will be chosen by the Theater Officer for assistance in managing and operating the theater. The selection of a qualified projectionist is important in insuring the efficient showing of motion pictures. TM 28-410.

6. REPORTS SECTION. - In accordance with instructions contained in AR 210-390 and the U. S. Army Motion Picture Service Theater Officer's Guide, a Ticket Cashier's and Assistant Theater Manager's Report, USAMPS Form No. 261, is made at the conclusion of each day's performance. This report is submitted to the Theater Officer and a Station Notification Report, USAMPS Form No. 80B is prepared and sent to the U. S. Army Motion Picture Service. At the close of each week, the Weekly Financial Statement, USAMPS Form No. 81 is prepared from the daily S. N. Reports and submitted to the U. S. Army Motion Picture Service. To this statement is attached a receipted payroll voucher covering salaries paid the employees of the War Department Theater, and a check covering the receipts for the week, less the necessary operating expenses. AR 210-390.

7. FUNDS SECTION. -

a. A War Department Theater Fund of Three Hundred Dollars (\$300.00) has been set up for this theater by the U. S. Army Motion Picture Service. The Theater Officer is Custodian of this fund and the money is used for weekly operating expenses. AR 210-390 and AR 210-50.

b. The Upkeep and Operating Fund is a Petty Cash Fund held by the Theater Officer for any miscellaneous expenditures for items necessary for the operation or maintenance of the War Department Theater. At the end of each week's business, the amount of one quarter of one percent of the gross income for the week is deducted and placed in this fund. A Council Book and Vouchers showing all receipts and expenditures in connection with this fund is kept by the Theater Officer. AR 210-390.

8. AUDIT SECTION. The accounts of the Post Theater will be audited by an officer, preferably of field grade detailed by the Commanding Officer, at the close of each quarter of the calendar year. Special attention will be given to expenditures reported on weekly financial statements. The auditing officer will determine whether transactions between the ticket cashier and the Theater Officer are properly receipted. The certificate of audit, dated and signed by the auditing officer, will be submitted to the Commanding Officer for transmittal to the War Department. AR 210-390.

9. PROPERTY ACCOUNTABILITY SECTION. - The Post Theater Officer will be charged with and account for all Motion Picture Service Property in Army Theaters. AR 210-390.

10. AUTHORITATIVE REFERENCES. -

a. Operation of the Army Theater. -

(1) AR 210-390, 1 Nov 1945.

(2) TM 28-405.

(3) TM 28-410, Aug 1945.

b. Admission Charge Section

(1) AR 210-390, Sec I, Par 9, 1 Nov 1945.

c. Patronage Eligibility Section. -

(1) AR 210-390, Sec I, Par 10, 1 Nov 1945.

d. Schedule Section. -

(1) AR 210-390, Sec III, Par 28a, 1 Nov 1945.

e. Theater Personnel Section. -

(1) AR 210-390, Sec II, Par 18a, 18b, 18c, 1 Nov 1945.

(2) WD TM 28-410, Aug 1945, Projectionist's Manual.

f. Reports Section. -

(1) Theater Officer's Guide, U. S. Army Motion Picture Service, Sec III, 15 June 1943.

g. Funds Section. -

(1) AR 210-390, 1 Nov 1945.

(2) AR 210-50, Non-Appropriated Funds, 20 Jan 1945.

h. Audit Section. -

(1) AR 210-390, Audit, Sec I, Par 12, 1 Nov 1945.

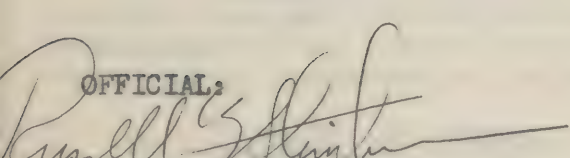
i. Property Accountability Section. -

(1) AR 210-390, Sec III, Par 19a, 1 Nov 1945.

11. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


 RUSSELL B. STEINHOOR
 Major, MAC
 Adjutant

 RUSSELL B. STEINHOOR
 Major, MAC
 Adjutant

HOSPITAL REGULATIONS)
NO. 250-5)

HR 250-5
CRILE GENERAL HOSPITAL,
Cleveland 9, Ohio.
1 January 1946.

BAND

	Paragraphs
Mission	1
Administration	2
Passes and Furloughs	3
Supplies and Quarters	4
Liaison	5
Authoritative Reference	6
Rescissions	7

1. MISSION. - Specifically, the mission of the band is twofold-

a. To participate in and to furnish the desired music at military formations.

b. To furnish musical entertainment for the command on such occasions as may be prescribed by the commanding officer.

2. ADMINISTRATION. - The Bandleader:

a. Commands the band when it is acting as a separate unit. He is responsible to the Commanding Officer for the efficiency of the band, for the musical instruction of the band and for supervision of its military training and discipline.

b. Normally conducts all rehearsals and concerts. He will attend drills, parades, and such other ceremonies as may require the presence of the band. He will carefully inspect all musical instruments once each week.

c. Is responsible to his Commanding Officer for the cleanliness, soldierly appearance and drill efficiency of the members of the band unit.

d. Will be responsible for the maintenance of the unit morning report, sick book, and company punishment book.

3. PASSES AND FURLOUGHES - Members of the Band Detachment will be accorded pass and furlough privileges in the same manner as other enlisted detachments of the command, and the procedure for application and authorization will be controlled by the Bandleader. (See AR 40-710)

4. SUPPLIES AND QUARTERS. - Supplies for the enlisted personnel are to be drawn from the supply section of the 3596th SCU, this station. Records and responsibilities for same will be assumed by the personnel of said supply section. Quarters for enlisted personnel will be provided by the 3596th SCU. The Bandleader will be responsible for the administration of assigned quarters.

5. LIAISON. - The Bandleader will maintain close cooperation with the Special Services Officer, who will receive requests for services and schedule all musicals.

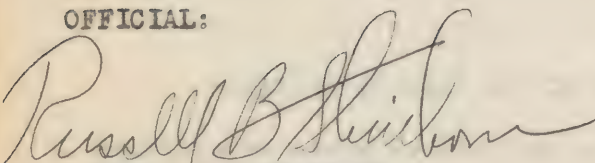
6. AUTHORITATIVE REFERENCE. - FM 28-5 - "The Band".

7. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

Paragraph

General	1
Classification	2
Copies	3
Form	4
Heading	5
File Numbers	6
Correspondence Leaving the Post or Hospital for Higher Echelons	7
Non-Military Letters	8
Inter Office Correspondence	9
Handling of Correspondence Through Message Center	10
Instruction	11
Authoritative References	12
Rescissions	13

1. GENERAL. - All correspondence conducted by this Hospital will be in accordance with AR 340-15, AR 380-5, TM 12-253, and these Regulations.

2. CLASSIFICATION. - All correspondence containing information that should, in the public interest, be safeguarded with more than ordinary care will be classified. AR 380-5 and HR 380-5, Grile General Hospital will be followed in the classification of correspondence.

3. COPIES. - a. The following copies will be made of correspondence emanating from this headquarters:

(1) Normally:

(a) One original, on bond paper, and one carbon on white paper for transmission to the addressee

(2) Additional, when required:

(a) One carbon on green paper for suspense file in office of origin.

(b) Such number of carbons on white paper as may be necessary for information of other interested headquarters and offices, the distribution thereof being indicated thereon, and on the green file copy.

(3) Additional, for correspondence prepared for the signature of the Commanding Officer:

(a) One carbon on white paper, marked "Headquarters File."

4. FORM. - Official correspondence intended for a military addressee will be in the form of military letters or indorsements. Correspondence intended for a non-military addressee will be in the form of a civilian letter. (See TM 12-253).

5. HEADING. - a. All correspondence emanating from this headquarters will be headed:

(1) Letters:

ARMY SERVICE FORCES
Fifth Service Command
Crile General Hospital
Cleveland 9, Ohio

Office of the Commanding Officer

(2) Indorsement, as prescribed in subparagraph (1) above but in abbreviated form, beginning at the left margin of page, thus:
Hq, Crile General Hospital, Cleveland 9, Ohio

b. Nothing will be included in the heading of any letter or indorsement to indicate the office of origin within the headquarters other than the symbol preceding the file number and the initials of the originator.

6. FILE NUMBERS. - a. Every outgoing letter and indorsement will bear a file reference

(1) The file number will appear with, and immediately following the symbol indicative of the office of origin, at the upper left corner of all pages of:

(a) Military letters, on all copies.

(b) Indorsements, on all copies, followed by the date of the basic communication, abbreviated and inclosed within parenthesis, thus: (20 Nov 44)

(c) Non-military letters, on the file and suspense copies only.

(2) Office symbols are published in numbered memorandum. Crile General Hospital.

7. CORRESPONDENCE LEAVING THE POST OR HOSPITAL FOR HIGHER ECHELONS. - All correspondence emanating from this post or hospital forwarded to higher echelons will be prepared by the division, branch or section concerned for the signature of the Executive Officer. NO OFFICIAL MAIL TO HIGHER ECHELONS WILL LEAVE THE POST OR HOSPITAL UNLESS PROCESSED IN HEADQUARTERS, CENTRAL MAIL AND RECORDS.

8. NON-MILITARY LETTERS. - a. If to a high civil official, such correspondence will be prepared for the signature of the Commanding Officer, or, in his absence, for the signature of the Executive Officer, in which case the opening paragraph will begin "In the absence of the Commanding Officer I desire to acknowledge receipt of your _____ of _____, etc."

b. If to other than a high civilian official, such correspondence will be prepared for the signature of the Adjutant, in which case the letter will contain some expression indicating that it is written by authority of the Commanding Officer, such as "The Commanding Officer has directed me to acknowledge receipt of your _____ of _____, etc.", or, "The Commanding Officer has directed me to inform you that _____, etc."

9. INTER-OFFICE CORRESPONDENCE. - Unless specifically instructed otherwise, all correspondence initiated and remaining within the hospital will be prepared in single copy and on Office Memorandum Standard Form No. 64. When it is necessary to have additional space the reverse of this form will be used. Indorsements or replies will be written on the same or additional sheets.

10. HANDLING OF CORRESPONDENCE THROUGH MESSAGE CENTER. - See Sec II, HR 15-20, Crile General Hospital.

11. INSTRUCTIONS. - The office of the Civilian Personnel Officer maintains a Training Instructor who conducts classes in Military Correspondence and who is available for information regarding Military Correspondence techniques. Cases requiring decision of policy will be referred to the Adjutant.

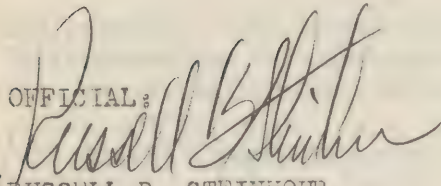
12. AUTHORITATIVE REFERENCES. -

- a. AR 340-10, Penalty Envelopes and Labels; Use of Mails.
- b. AR 340-15, Correspondence.
- c. AR 380-5, Safeguarding Military Information.
- d. TM 12-253, Correspondence.

13. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR

Major, MAC

Adjutant

RUSSELL B. STEINHOOR

Major, MAC

Adjutant

HOSPITAL REGULATIONS)
NO. 400-5)

HR 400-5
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

BOARDS, COMMITTEES, COUNCILS

	Paragraph
General	1
Boards, types	2
Councils, types	3
Committees, types	4

1. GENERAL. -

a. Boards. -

(1) Boards of officers, usually in numbers of one to three, are appointed to convene for specific purposes as a legal procedure in conformity with the requirements of Army Regulations, or by order of a post or superior commander, as circumstances may require.

(2) Usually, the primary function of a board is to ascertain facts. The purpose of the board is not disciplinary but administrative only. A suitable test of a board's proceedings is whether the report will present to the reviewing authority all the facts necessary to enable him to arrive instantly at an independent decision.

(3) As a fact-finding body, a board investigates impartially all available evidence, both pro and con. The findings of the board are rendered according to the evidence. Recommendations are made according to the nature of the findings.

(4) Boards of officers usually are conducted in the same manner as special courts-martial and the rules of procedure are outlined in AR 420-5 (Conduct of Boards).

b. Councils. -

(1) Councils are appointed to perform specific functions in guiding and controlling certain administrative or financial operations of a command.

(2) The duties and powers of councils are described in the Army Regulations affecting the particular activity to be so supervised. A council continues in force as long as the regulation remains effective and are usually considered permanent.

c. Committees. - Committees are appointed for specific functions in command operations and are generally of a temporary nature.

They are not a control or executive body and are intended to assist or advise in carrying out a particular mission.

d. Tabulation - No attempt is made here to discuss all types of boards, councils, or committees. The following list represents the kinds most frequently required in the administration of the average post.

2. TYPE OF BOARD	WHO APPOINTS	APPLICABLE AR, etc	PURPOSE
Army Retiring	CG Service Command	AR 40-1025 AR 600-500 TM 12-245 WD Cir 313-45	To consider cases of officers for retirement for physical incapacity.
Classification Reclassification of Officer	CG Service Command	AR 605-230	To consider cases of officers other than RA, who are reported as unsuitable for service, for reasons other than physical or disciplinary.
Classification RA Officers	WD	AR 605-200	As above, for RA.
Character rating for Enlisted Personnel	Post Commander	AR 615-360	To consider character rating & type of discharge to be given EM who are not rated at least "Good" by Unit
Certificate of Disability for Discharge	Post Commander	AR 40-1025 AR 615-361 MR 1-9 as amended, TM 12- 235 - TM 8-255	To consider all cases of EM recommended for separation on account of disability.
Claims	Post Commander	AR 25-20 AR 25-25	Investigates claims for damage to, or loss or destruction of property, or for personal injury or death, caused by military personnel, civilian employee, or otherwise incident to combat activities, of Dept or of the Army.

Claims	Post Commander	AR 25-20 AR 25-80 AW 105	Investigates claims under AW 105 for loss or damage to property (military or civilian) caused by persons subject to military law
Claims	Post Commander	AR 25-20 AR 25-100	Investigates claims of military and civilian personnel for property damaged, lost, captured, destroyed or abandoned in the service.
Complaint	Post Commander	5th SvC, Cir 635, 1945	Hears complaints of personnel on matters referred to it, and makes recommendations to Post Commander
Committment of Mental Cases	Post Commander	AR 600-500	Acts as board for Committment of mental cases to St Elizabeth's Hosp, Wash DC, or other Government institutions, that can not be disposed of otherwise.
Disposition of Mental patients	Post Commander	AR 600-500 AR 615-361	To make recommendations for discharge of mental cases to institutions, care of relatives or to own custody.
EM Ret. for physical disability	Post Commander	AR 40-1025 AR 615-395 TM 12-238	To consider cases of EM for retirement for physical disability.
Injuries, Line of Duty investigation	Post Commander	AR 345-415 AR 40-1025	Conducts investigations in cases of injury. Conditions requiring investigations are fully described in AR 600-500 and TM 12-240.
Investigation of deaths	Post Commander	AR 600-550 AR 345-415 TM 12-240	Conducts investigations in cases of deaths. Conditions requiring investigations are fully described in AR 600-500 and TM 12-240.

Inaptness, lack of requires degree of adaptability or enuresis, Enlisted Personnel.	Post Commander	AR 40-1025 AR 615-369 TM 12-235	To consider all cases for separation because of inability to adapt to military life, or in cases of enuresis not due to mental or physical disorder.
Menu	Post Commander	TM 10-205 TM 10-215	Supervises preparation of menus for nutritional and other purposes.
Misconduct Enlisted Personnel	Post Commander	AR 615-366 TM 12-235	To consider all cases for separation of fraudulent enlistment, physically unfit deserters, and convictions by Civil Court.
Medical Disposition	Post Commander	AR 40-590 WD Cir 196-45; WD Cir 313-45; MR 1-9	Recommend type of disposition to be made in hospitalized cases, e:g: duty, CDD, Ret Board action, trfd to other hosp, etc.
Physical exam prior to retirement, discharge or dismissal of officers & enlisted personnel, or retired personnel upon return to inactive status.	Post Commander	AR 40-100 TM 12-235	To make complete physical examination prior to separation of all military personnel except Retirement & CDD. In the latter cases the matter is covered as part of the retirement or discharge procedure.
Nurses' Retiring	CG Service Command	AR 40-20 AR 40-25 TM 12-245 WD Cir 313-45	To consider cases of officers (ANC, HD, PT) for retirement for physical incapacity.
Post Planning	Post Commander	Eng. Manual 1 Dec 45; Ltr Hq 5th SvC, 319.2 22 Jan 45	Develop & coordinate plans affecting physical layout of Post.

Physical Exams	Post Commander	AR 40-100 AR 40-105 AR 40-110 MR 1-9	Conducts physical examinations for commission in RA, AUS, NG, CRC, USMA; physical examinations to qualify for duties involving hazards, such as flying, parachute duty, etc.
Physical Profile (classification & re-classification of EM)	Post Commander	Memo W 40-44; MR 1-9; Cir 196, WD-45.	Classifies and re-classifies EM according to physical capacity.
Promotion of Enlisted Personnel	Post Commander	WD Cir 70 - 44; AR 615-5; 5th SvC Cir 20 - 19/44	Receives and acts upon recommendations for promotions of EM to higher grade.
Personnel Reduction	Post Commander	Ltr Hq 5th SvC; AG 200.3, 7.Nov 45.	Makes recommendations for reduction in force.
Review of Physical Exam-findings.	Post Commander	AR 40-100	When the Enlisted person's declaration at time of discharge is at variance with Med Officer's findings as to physical conditions, the case is referred to a Board of Review.
Undesirable habits or traits of character, Enlisted personnel.	Post Commander	AR 40-1025 AR 615-368 TM 12-235	To consider all cases for separation because of undesirable habits or traits of character which render retention in the service undesirable.
Warrant Officer appointment	CG Service Command	AR 610-5 AR 610-15	To examine & recommend for appointment as permanent or temporary Warrant Officer.

3. TYPE OF COUNCIL	WHO APPOINTS	APPLICABLE AR, etc.	PURPOSE
Central Post Fund	Post Commander	AR 210-50	To administer Central Post Fund.
Hospital Fund	Post Commander	AR 40-590 TM 8-262	Appointed as advisors to Post CO, in administering the Hospital Fund.
Post Exchange	Post Commander	AR 210-65	Appointed as advisors to Post CO, and Exchange Officer in matters of exchange operations and control.
Post Athletic	Post Commander	Ltr Hqrs, 5th SvC, AG, 353.30 8 Feb 45.	Arranges and supervises athletic program for personnel. Advises Post CO on development of Athletic Program.
Reconditioning	Post Commander	ASF Cir 73, 103, 1944.	Arranges, supervises, and develops program for convalescent reconditioning.
Savings Promotions	Post Commander	ASF Cir 91, 1945.	To promote personal savings of all personnel.
Unit, Hqrs, Sundry, and Special Welfare Funds	Post Commander	AR 210-50 TM 20-220 TM 20-221	Appointed as advisors to custodians and Post CO in administering Funds.

4. TITLE OF COMMITTEE	WHO APPOINTS	APPLICABLE AR etc.	PURPOSE
Conservation	Post Commander	5th SvC Conservation Manual; CGH Memo 36, 1945.	Appointed to effect conservation in supplies, personnel and equipment.

Efficiency Rating	Post Commander	CFR-2513, Par 16. SO 239 CGH 9 Nov 45.	For efficiency rating of civilian personnel in cases referred to it.
Medical Library	Post Commander	Par 1, SO 61 CGH 11 Apr 44.	Procurement & supply of medical and techni- cal books.
Post Exchange, NCO	Post Commander	AR 210-65	Makes recommendations for changes and im- provement in internal operations of the Post Exchange.
Post Safety	Post Commander	ASF Cir 360 1945; ASF Cir 29, 1946 Cir 263, WD 1945.	Supervises safety program, advises Post CO in developing safe employment practices.
Suggestion	Post Commander	ASF Cir 300 1944; ASF Cir 107, 372, 1945.	Promotes suggest pro- gram among civilian and military personnel for improvement and changes in operational procedures.
Wage Adm. Ranking	Post Commander	Wage Adm. Manual SOS 25 Oct 42.	Ranking new employers in new ungraded jobs in line with jobs already established.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

Russell B. Steinhour
Major, MAC
Adjutant.

RUSSELL B. STEINHOUR
Major, MAC
Adjutant

PERSONNEL DIVISION

	Paragraphs
Director of Personnel	1
Section I - MILITARY PERSONNEL BRANCH	
Duties	2
Organization	3
Section II - CIVILIAN PERSONNEL BRANCH	
General	4
Supervision	5
Physical Examinations	6
Tour of Duty, Civilian Employees	7
Time and Attendance Reports	8
Injuries, Reporting of	9
Training	10
Leaves of Absence	11
Holidays	12
Unauthorized Absence	13
Tardiness	14
Rest Periods	15
Uniforms	16
Gambling, Drugs and Intoxicants	17
Commercial Enterprise	18
Commercial Obligations	19
Separations and Disciplinary Action	20
AUTHORITATIVE REFERENCES	21
RESCISSIONS	22

1. DIRECTOR OF PERSONNEL. - An officer directly responsible to the Commanding Officer, known as Director of Personnel, will have charge of all matters concerning Military and Civilian Personnel. He is responsible for the procurement, assignment, reassignment, classification, reclassification, transfer, promotion, retirement and separation of military personnel of the command. He administers program for civilian personnel, including recruitment, placement, reassignment, promotion and demotion, separation, wage administration, training, employee relations, preparation of pay roll, the processing of all necessary paper and the maintenance of all required records, and performs other necessary personnel actions. AR 345-5, ASFM M301.

SECTION I

MILITARY PERSONNEL BRANCH

2. DUTIES. - The Chief of Military Personnel is directly responsible to the Director of Personnel. He assists in the procurement,

assignment, reassignment, and separation of military personnel of the command and all other matters concerning personnel management and record keeping. He will, with the assistance of such non-commissioned officers as are detailed to the section, direct the duties of the section in such a manner as to assure its proper functioning. He is also responsible for the training of all clerks in a thorough knowledge of all work in the section. AR 345-5.

3. ORGANIZATION. - Military Personnel is divided into four sections:

a. OFFICERS' SECTION. - The Officers' Section prepares efficiency reports, maintains officer locator cards, active duty reports, miscellaneous rosters, 201 files, checks Monthly Personnel Rosters, and maintains Officers' Qualification Card No. 66-1, AR 345-5.

b. ENLISTED PERSONNEL SECTION. - The Enlisted Personnel Section maintains Service Records, prepares pay rolls, final statements, statements of charges and other vouchers, processes discharges, transfers, reports of AWOL, enlistments, reenlistments, classify enlisted personnel, prepare and check Monthly Rosters and Statistical Reports, and maintain Soldier's Qualification Card No. 20. AR 345-5.

c. MORNING REPORT SECTION. - The Morning Report Section checks Morning Reports, prepares ration returns, reports of change, miscellaneous rosters and strength returns, and checks Monthly Rosters. AR 345-5.

d. FILES SECTION. - The Files Section maintains the 201 files for all enlisted personnel, files of regulations, reports and directives, and other miscellaneous information. AR 345-5.

SECTION II

CIVILIAN PERSONNEL BRANCH

4. GENERAL. - The Chief, Civilian Personnel Branch is responsible to the Director of Personnel, for the procurement, assignment, reassignment, transfer, allocation, reallocation, training, administration, payment and separation of civilian employees. All procedures will be governed by the applicable Army Regulations, Civil Service Rules and Regulations, and such other instructions as may be published by proper authority. The Chief, Civilian Personnel Branch will issue such memoranda and instructions as he may deem necessary in order to insure compliance with rules and regulations and to establish uniform policies and procedures.

5. SUPERVISION. - Each Chief of Division, Branch, Service or Section in the command will exercise administrative supervision over

civilian employees assigned to their unit. The authority of these supervisors may be limited by the Chief, Civilian Personnel Branch, based upon governing procedures.

6. PHYSICAL EXAMINATIONS. -

a. All applicants for positions will be examined physically for the position sought and no applicant will be employed who fails to meet the physical requirements. This examination will be made by the Chief, Out-Patient Service, or at the discretion of the Chief, Civilian Personnel Branch, by the applicant's own physician. CPR 35.1 f.

b. All food handlers will be examined physically monthly (AR 40-25); they will have a serological examination semi-annually. Barbers will be given a monthly physical examination to determine freedom from communicable disease. The Chief, Out-Patient Service is responsible for the required physical examinations of all food handlers and such other employees as the Commanding Officer may designate and will take appropriate and necessary action to accomplish these examinations. CPR 35.14 f. AR 40-25.

c. An employee who is frequently absent for short periods because of illness, should be advised to visit a physician for a physical check-up and to report back with a statement from the physician relative to the employee's physical condition. In addition, it is within the administrative authority of the Commanding Officer or his designated representative to require an employee to appear before a medical officer for physical examination. CPC 81, 1945.

7. TOUR OF DUTY, CIVILIAN EMPLOYEES. - Tours of duty for civilian employees will be set in accordance with current regulations and will be announced officially in the hospital. Authority for unusual tours of duty or for overtime in excess of the established tour of duty must be obtained in writing from the Chief, Civilian Personnel Branch, (Local Policy). Requests will be submitted one day in advance if practicable.

8. TIME & ATTENDANCE REPORTS. - Each Chief of Division, Branch, Service or Section, will keep an accurate day by day record of the number of hours worked by his civilian employees. He may delegate this duty but will be held responsible for the accuracy of the report. He will submit a certified time and attendance report to the Chief, Civilian Personnel Branch promptly upon the completion of the bi-weekly pay period. CPC 112, 1945.

9. INJURIES, REPORTING OF. - War Department civilian employees who are injured in the performance of their employment are entitled to medical care (out patient treatment and hospitalization) and to compensation for the time lost from employment in accordance with regulations published by the United States Employees Compensation Commission. In every case of traumatic injury the immediate supervisor

of the injured employee will prepare and forward to the Chief, Out Patient Service, with the patient whenever practicable, Form CA-16 or CA-17 (Report of Injury). The Chief, Out Patient Service will insist on receipt of the report as his authority to render medical care. He will make appropriate entry on the form and will transmit it without delay to the Registrar. The employee's immediate supervisor will also have prepared and submitted promptly to the Safety Director, Form CA-1 (Notice of Injury), Form CA-2 (Report of Injury) and if the employee is disabled for work, Form CA-3 (Report of Termination of Disability or Report of Death) and Form CA-4 (Claim for Compensation). After check and processing the Safety Director will transmit all forms to the Registrar for the latter's records and reports and for distribution. All forms will be prepared and transmitted to reach the Registrar in triplicate. These forms will be stocked by the Publications Branch. CPM 1 and 2.

10. TRAINING. - The administrative supervisory and non-supervisory training of civilian employees will be conducted in accordance with current War Department instructions. The object of such training is to provide employees with the knowledge, skill, habits and attitudes required to maintain normal or emergency work schedules. Officers in charge of divisions, branches, services and sections are responsible for the proper training of civilian employees under their jurisdiction. The Chief, Civilian Personnel Branch is responsible for conducting training designed to suit the needs of the various activities. A Trainer is provided on the staff of the Civilian Personnel Branch to assist in designing training courses to fit special needs throughout the installation, (Local Policy).

11. LEAVES OF ABSENCE. - The minimum charge for leave will be one hour; additional leave will be charged in multiples of an hour. The officer who certifies the time and attendance report has the authority to approve or disapprove leave up to the limit of leave accrued by an employee. CFR 75.

a. Annual leave will be granted upon request at such times as it may be deemed to be in the public interest, but not unless the employee can be spared without replacement, and not beyond the amount accrued to the employee's credit. In exceptional circumstances and within the limits imposed by regulations, annual leave may be advanced an employee at the discretion of the Chief, Civilian Personnel Branch.

b. Sick leave will be granted to employees when they are incapacitated for the performance of their duties by sickness, injury, or pregnancy and confinement, or for medical, dental or optical examination or treatment, or when a member of the immediate family of the employee is afflicted with a contagious disease and requires the care and attendance of the employee, or when through exposure to contagious disease, the presence of the employee at his post of duty

would jeopardize the health of others. Contagious disease means a disease ruled as subject to quarantine as defined by the health authorities having jurisdiction. A medical certificate will not be required to support absence on account of sickness for periods of three days or less; the time sheet in such cases will be signed immediately upon return to duty. Absence for more than three days must be supported by a properly executed medical certificate, or, where the individual responsible for approving applications for sick leave determines that the statement of the employee in lieu of a medical certificate is to be considered as sufficient basis for approval of the request for sick leave, by a personal certificate from the employee. Personal certificates will be submitted immediately upon return to duty and medical certificates will be filed within 15 days after return to duty. For the purpose of obtaining a medical, dental, or optical examination or treatment, sick leave may be granted upon the submission of a personal certificate from the employee to the effect that he received such an examination or treatment. This certificate must include the name and address of the practitioner visited and the date and hour of the visit. Advance sick leave will not be granted.

c. An employee who is absent on account of sickness shall notify his supervisor as early as practicable on the first day of such absence (should usually be within two hours of the time scheduled to report for duty). Failure to give such notice may result in the absence being charged to annual leave or AWOL, as the circumstances may justify. When sickness occurs within a period of annual leave and lasts 5 or more consecutive work days, sick leave may be granted to cover the period of illness and the charge against annual leave reduced accordingly. Application for such substitution must be made within two work days after return to duty.

d. Sick leave is a privilege to be granted an employee upon the determination by responsible administrative official that the request for sick leave is justified. Sick leave is intended to cover absences wherein the employee is incapacitated for duty, or to provide time for necessary medical, optical, or dental examination. When the official authorized to approve leave is convinced that employees are abusing the sick leave privileges, he should not approve the request for sick leave but should charge the absence to annual leave or leave without pay, or take such other action, including disciplinary action, as appears appropriate. It is not intended to restrict in any way the granting of sick leave in bona fide cases. It is, however, of utmost importance that sick leave be denied where the circumstances surrounding the absence do not justify approval.

12. HOLIDAYS. - Legal holidays will not generally be work days for civilian employees and authorized absence will not be charged to leave. Employees may be required to work where their absence will be detrimental to the mission of the installation. The policy regarding each holiday will be announced in the Hospital Bulletin. CPR 75.

13. UNAUTHORIZED ABSENCE. - Unauthorized absence will be charged as absence without pay and not as leave, and, when not satisfactorily explained, may be made the subject of disciplinary action. CPR 75.

14. TARDINESS. - Unavoidable or necessary absence from duty not in excess of 30 minutes, and tardiness, shall be handled administratively by excuse for adequate reasons, or by requiring additional work, or by a charge against overtime previously worked beyond regular hours, or by disciplinary action, or by a charge against annual leave. Tardiness may not be administratively excused when it occurs during overtime hours; in this case, if time is to be made up, it will be made up the same day. In case a charge against leave is made for tardiness (charge must be in multiples of one hour) and the charge exceeds the period of absence, the employee will not be required during the additional period covered by the charge against his leave. CPR 75.

15. REST PERIODS. - It is a War Department policy to permit the granting of short rest periods during the daily tour of duty. The cumulative period of resting during each four hours of continuous work may not exceed 15 minutes. This rest period will not be charged to leave (CPR 75.7-16).

16. UNIFORMS. -

a. Employees engaged as food handlers and other employees may be required, at the discretion of the Commanding Officer, to equip themselves with prescribed hospital uniforms. They will keep their persons clean and their hair neatly trimmed and combed while on duty; female employees will keep their hair properly covered. Whenever possible, uniforms will be furnished to such employees as are required to wear them but a deposit may be required.

b. Insignia or other distinctive parts of the duly prescribed uniform of the United States Army, Navy, or Marine Corps, or a uniform a part of which is similar to such uniform will not be worn by civilian employees of this installation, (Local Policy).

17. GAMBLING, DRUGS & INTOXICANTS. - Gambling, boisterous conduct, and profane or obscene language are prohibited on any part of this post. All civilian employees are expected and required to observe the ordinary rules of decency and good manners in their behavior and relations with others. The possession or introduction onto the post of intoxicating liquor or habit-forming drugs is forbidden. No civilian employee will have any financial dealings whatever with patients in this hospital, (Local Policy).

18. COMMERCIAL ENTERPRISE. - Employees will not actively engage in any commercial enterprise at any time within the limits of military reservation, (Local Policy).

19. COMMERCIAL OBLIGATIONS. - The War Department will take no

cognizance of a debt complaint against an employee, so far as the creditor is concerned, beyond acknowledging receipt of his communication. Creditors and collectors will be denied access to employees for the purpose of presenting or collecting claims during the hours set apart for the transaction of public business. Although the Department will not permit itself to be used as a collection agency, it will not consider as a fit employee, anyone who contracts a debt and then without sufficient excuse, neglects to make payments. Any employee who contracts indebtedness and then wilfully, without sufficient excuse or reason, neglects or avoids payment thereon, will be discharged for cause. CPR 10, 1945.

20. SEPARATIONS AND DISCIPLINARY ACTION. -

a. Disciplinary action, including dismissal, against a civilian employee will be made through the Chief, Civilian Personnel Branch. It is necessary that action be undertaken no later than 48 hours after the offense occurs.

b. Discharge for Cause. - Whenever discharge for cause is deemed necessary the officer in charge of the activity in which the civilian is employed will notify the Chief, Civilian Personnel Branch in writing of the charge or charges on which the discharge is based. The Chief, Civilian Personnel Branch will review the case and if the charges appear justified will suspend the employee at once, notifying him in writing of the charges on which the suspension is founded. The employee will have five days in which to make answer. All cases of discharge for cause will be transmitted for final investigation and decision to the Commanding Officer; a board of review may be appointed to investigate the case and make recommendation.

c. Voluntary Separations. - Resignations will be submitted in writing to the Chief, Civilian Personnel Branch, at least two weeks prior to the last day of duty. They should show the position and salary being resigned, the reason for the resignation, and request that all accrued annual leave be granted prior to the effective date of resignation. The employee will call at the Civilian Personnel Branch at his earliest convenience for an exit interview. CPR 60.

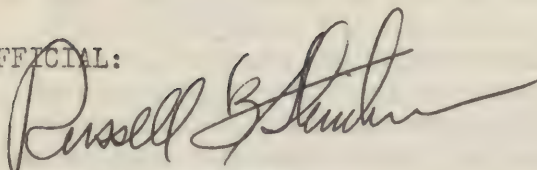
21. AUTHORITATIVE REFERENCES. -

- a. AR 345-5, 5 Aug 44 - Army Personnel System.
- b. AR 40-25, 9 Apr 43 - Medical Department.
- c. ASF M301, 15 June 45 - ASF Organization - Post Personnel Division.
- d. CPP No. 12, Oct 44 - Common Sense in Disciplinary Actions.
- e. CPC 112, 19 Sep 45 - Standard Forms & Methods for Time and Attendance Reports and Leave Accounts.

- f. CPM 1, Jul 45 - Civilian Personnel Standard Operating Procedures.
- g. CPM 2, Aug 45 - Handbook for Operating Officials.
- h. CPR 35.1 F, 1 Aug 43 - Appointments.
- i. CPR 10, 1 Jun 45 - Basic Materials Relating to Civilian Personnel Administration.
- j. CPR 60, 15 Jan 44 - Separations.
- k. CPR 75, 12 Jul 44 - Leave of Absence.
- l. CPR 75.7-16, 12 Jul 44 - Rest Periods.
22. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 600-40

HR 600-40
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

WEARING OF THE UNIFORM

	Paragraph
The Service Uniform.....	1
Women's Uniform.....	2
Mixed Uniforms.....	3
Special Instructions.....	4
Military Appearance.....	5
Authoritative References.....	6
Rescissions.....	7

1. THE SERVICE UNIFORM. - The uniform prescribed for ordinary wear is the service uniform. It consists of the materials, cut and design prescribed in AR 600-35, and will be worn as prescribed in AR 600-40 and AR 600-45. The WOOLEN service uniform is prescribed for winter wear; the COTTON service uniform is prescribed for summer wear.

2. WOMEN'S UNIFORMS. - The service uniform for women members of this command consists of the materials, cut and design, and will be worn as prescribed in the applicable Army Regulations.

3. MIXED UNIFORMS. - No articles of the uniform will be worn in combination with civilian dress at any time either by duty personnel or patients. Neither will articles of summer and winter uniforms be worn together unless authorized specifically by AR 600-40.

4. SPECIAL INSTRUCTIONS. -

a. White clothing issued to enlisted men for wear in wards, clinics, messes, etc., will not be worn off the reservation.

b. Fatigue or work clothing will be worn only for duties which would soil or damage the white clothing or service uniform.

c. Enlisted men will not wear articles of uniform of a type or fabric different from that issued by the Quartermaster.

d. The field jacket may be worn outside the limits of the post. (WD Cir No 288, 21 Sep 1945).

e. Only plain hose, of a color or shade to match the shoe, may be worn with the low-cut shoe.

f. Articles of uniform rendered obsolete by changes in design or material, published by the War Department, are authorized for wear by their owners until worn out.

5. MILITARY APPEARANCE. - All members of this command are directed to present a neat and clean appearance in the prescribed uniform, especially when absent from the post. Infractions will be observed and reported by all in authority. Offenders will be punished.

6. AUTHORITATIVE REFERENCES. -

a. AR 600-36 - Army Hostesses and Librarians.

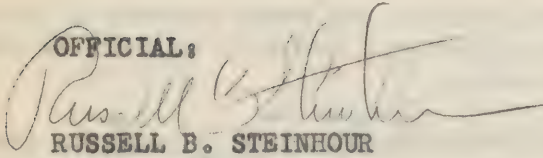
b. AR 600-37 - Army Nurse Corps, Physical Therapy Aides and Medical Department Dietitians.

c. AR 600-39 - Women's Army Corps.

7. RESCISSIONS. - So much of AR 600-40 as may be in conflict with WD Cir No 288, Sec 1, 21 Sep 1945 is temporarily suspended.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 600-550)

HR 600-550
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

AUTOPSIES

	Paragraph
Authority to Perform Autopsies.....	1
Personnel Who May Perform Autopsies.....	2
Autopsy Procedures.....	3
Inspection of Bodies.....	4
Disposition of Bodies.....	5
Preservation of Specimens.....	6
Records.....	7
Authoritative References.....	8
Rescissions.....	9

1. AUTHORITY TO PERFORM AUTOPSIES. - An autopsy will be performed upon the body of any person dying in the military service when the Commanding Officer of the hospital deems such procedure necessary to determine the true cause of death and to secure information for the completion of military records.
AR 40-590, Par 19d.

2. PERSONNEL WHO MAY PERFORM AUTOPSIES. Postmortem examinations are made by the Chief of the Laboratory Service or his assistant, provided the latter is a medical officer, or any other medical officer. When no medical officer is available to make such examination, the Commanding Officer is authorized to employ the services of a civilian physician to make the examination.
AR 600-550, Par 18.

3. AUTOPSY PROCEDURES. - (TM 12-240A, Par 7)

The autopsy surgeon will -

a. Be available on call at all times, where possible, to expedite performance of the examination. On bodies arriving at the morgue prior to 2200 hours, autopsies will normally be completed on the same day and the body made immediately available to the contract funeral director. AR 40-590.

b. Perform autopsies in such manner that there will be a minimum of delay in release of the remains to the funeral director for embalming.

c. Use a technique that will insure minimum interference with embalming functions of the funeral director. The medical officer responsible for performing autopsies will confer

with contract funeral director on the manner of preparation of bodies, prior to their delivery to the contract funeral director.

(1) Key arteries, including the innominate, left subclavian, and iliacs will be ligated, and the ends of ligatures left long. If a cranial examination is made, the internal carotid and vertebral arteries will be ligated, or base of skull closed with plaster of paris, as performed by the contract funeral director.

(2) Body cavities will be thoroughly dried, body orifices securely closed and incisions tightly sutured with overlapping skin edges.

4. INSPECTION OF BODIES. - The Commanding Officer of the hospital, or his commissioned representative will inspect each body immediately after death and again with the purchasing and contracting officer after the body is embalmed, properly clothed and in the casket. AR 40-590, Par 19c.

5. DISPOSITION OF BODIES. - See HR 40-305, Par 6b.

6. PRESERVATION OF SPECIMENS. - See HR 40-305, Par 6b.

7. RECORDS. -

a. Certificate of Inspection. - The Commanding Officer or his representative will file in the hospital a signed record of the fact of compliance with Par 4 above. AR 40-590, Par 19c.

b. Receipt for Bodies. - The person removing a body from the morgue will acknowledge receipt thereof upon the Registrar's order authorizing removal. This record is filed in the Laboratory. TM 8-260, Par 183b.

c. Autopsy Protocols. - Complete autopsy record of autopsies performed will be kept. A copy of the record of each case will be forwarded directly to the Curator, Army Medical Museum. AR 40-410, Par 5.

8. AUTHORITATIVE REFERENCES. -

a. AR 40-410, 3 Aug 1942, Army Medical Museum.

b. AR 40-590, Par 19, 29 Aug 1944, Administration of Hospitals, General Provisions.

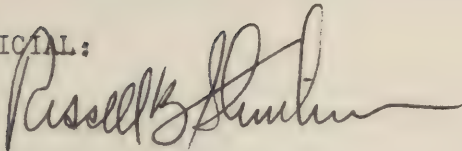
c. AR 600-550, Par 18b, 28 Mar 1944, Personnel, Deceased.

- d. HR 40-30, 1 Jan 1946, Burials, Mortuary Operations.
- e. HR 40-305, Par 6b, 1 Jan 1946, Laboratory Service.
- f. TM 8-260, Par 183b, 16 Jul 1941, Fixed Hospitals of the Medical Department (General and Station Hospitals).
- g. TM 12-240A, Par 7, May 1945, Quartermaster Mortuary Procedures.

9. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

SALVAGE

	Paragraph
Duties	1
Receipts	2
Classification and Segregation	3
Disposition	4
Reports	5
Authoritative References	6
Rescissions	7

1. DUTIES. - The Salvage Officer acts for the Commanding Officer on all salvage activities at his installation. He is not accountable for property turned in for salvage but is responsible at all times for the proper storage and disposition of salvage turned over to him.

a. He will act as Contracting Officer for the sale of Salvage unless this function is otherwise assigned by higher authority, exercising strict supervision over all transactions with due caution and diligence to prevent irregularities or opportunities for fraud or collusion.

b. He is responsible for the proceeds of sales coming into his custody. He will supervise the classification, segregation, storage and disposition of salvage at his installation, maintain such records and render such reports as may be required, and keep himself thoroughly informed on markets for all salvage.

c. He will make regular inspections of the sanitary fill, dump, incinerator or any other place where waste materials may accumulate, for the purpose of detecting improper segregation and taking corrective action. As the representative of the Commanding Officer, the Salvage Officer will act as an advisor on ideas for utilization of salvaged items.

2. RECEIPTS. -

a. Property Turn-In, Property Turn-In Slip No. 447 will be used on all property that has been determined by the Classification Officer to be salvaged.

b. It will be prepared in 3 copies, with appropriate certification on face as required by par 4 Cir No. 7, WD 1944. Original and duplicate to be properly signed and returned to accountable Supply Officer. Triplicate to be retained by Salvage Officer, and posted to his stock record account.

5. CLASSIFICATION AND SEGREGATION. - Current regulations require that garbage and waste materials be segregated as follows:

a. Kitchen Waste - Saleable.

- (1) Cooked Grease.
- (2) Raw bones and meat trimmings (raw).
- (3) Cooked Bones.
- (4) Trap Grease - Traps will be skimmed every morning.
- (5) Kitchen waste fit for animal food.

b. Kitchen Waste - Non-saleable, to be disposed of by the Post Engineer.

- (1) Coffee grounds, tea leaves, egg shells, citron rinds, banana peels, fish heads and scales, floor sweepings, and greasy, waxed or tarred paper.

c. Other Waste Materials.

- (1) Tin Cans - Tin cans with the exception of beer cans with conical tops, oil cans, paint and varnish cans will be collected and made ready for delivery to the Salvage Officer. All cans will be washed and cleaned and free from foreign substance. Tops, bottoms, and paper labels will be removed. Cans will be crushed by stepping heavily on them and not by pounding or hammering.
- (2) Paper cartons - Cartons will be opened as they have been sealed, collapsed, bundled and turned in.
- (3) Wooden Boxes - Boxes should be opened in a manner as to retain the tops.
- (4) Baskets - Baskets received with lids or covers should be turned in with them.
- (5) Egg Crates - Crates should be opened carefully and the fillers replaced after the eggs have been removed.
- (6) Glass Containers - Containers should be washed, labels removed, lids or covers replaced before turning in.
- (7) Magazines - Magazines and other glazed papers should be separated and bundled.

- (8) Newspaper - Newspaper should be bundled before turning in.
- (9) Waste Paper - Waste paper will be bundled separately.

d. Collections.

- (1) Kitchen Waste - saleable will be picked up daily by contract Garbage collector.
- (2) All remaining waste material will be collected twice daily and once on Sunday by Post Engineer.

4. Disposition. -

a. Yearly contracts are executed for the following listed items for disposal:

- (1) Baskets.
- (2) Egg Crates.
- (3) Glass cullet.
- (4) Kitchen Waste, saleable.
- (5) Magazine
- (6) Newspaper.
- (7) Paper cartons and kraft paper.
- (8) Waste paper.

b. Invitations are sent out for all other salvage items, the award to be made to the highest bidder upon receipt of properly signed bid, certified check in amount 20% of total bid and approval of Svc Property Disposal Officer.

c. Donations may be made to eligible institutions under MC PA 7, par 7, 314-111.

d. Destruction or disposal to City Dump may be done under the following conditions.

- (1) That the property has been advertised for sale at least twice without receiving a bid.
- (2) That an effort has been made to dispose of it by sale through direct negotiation, but without success.
- (3) That in whole or part it is worthless and of no further public use at this installation.
- (4) That it is not worth cost of transportation elsewhere.

5. REPORTS. -

a. Salvage and Small Lot Sales - Form WD AGO 819.

(1) Submission: Duplicate - SvC Property Disposal Division.

(2) Frequency of Report: Monthly - to reach SvC by 14th of following month.

6. AUTHORITATIVE REFERENCES. -

a. AR 35-780, 22 May 42 - Proceeds of Sales and Collections.

b. AR 35-820, 26 Jun 42 - Payments of Expense and Refunds in Connection With Sales and Collection.

c. AR 35-6520, 16 Feb 45 - Property Accountability and Responsibility.

d. AR 35-6640, 16 Apr 45 - Accounting for Lost, Destroyed, Damaged or Unserviceable Property.

e. AR 35-6660, 29 Aug 42 - Sales of Property.

f. AR 700-25, 26 Apr 44 - Salvage.

g. WD PR No. 2, 15 Dec 45 - Contracts.

h. WD PR No. 7, 15 Dec 45 - Property, Disposition of Personal.

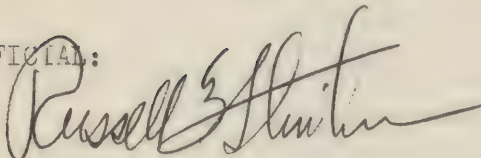
i. WD PR No. 13, 15 Dec 45 - Forms of Contracts.

j. TM 38-505, 13 Sep 45 - Salvage in Zone of Interior.

7. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

REGISTRATION OF VEHICLES ON POST

	Paragraph
Registration of Motor Vehicles.....	1
Registration Plates.....	2
Requirements for Registration.....	3
Unauthorized Drivers.....	4
Responsibility of Owner.....	5
Disposition of Registration Plates.....	6
Responsibility of Provost Marshal.....	7
Forfeiture of Registration.....	8
Authoritative References.....	9
Rescissions.....	10

1. REGISTRATION OF MOTOR VEHICLES. -

a. All members of this command including civilian employees and patients who possess or operate a motor vehicle on the post will register it with the Provost Marshal within five (5) days after arrival on the post.

b. Applications from other than enlisted personnel will be made direct to the Provost Marshal. Enlisted men will apply through their respective unit commanders who will approve or disapprove, stating their reasons. Patients will make application through their ward officer and Chief of Service. Disapproval by either will be final. Applications may be secured from the office of the Provost Marshal.

2. REGISTRATION PLATES. - The Provost Marshal will issue a suitable identification card and CGH registration plates to approved applicants and will maintain the necessary records of such registration. The applicant will defray the cost of these plates.

3. REQUIREMENTS FOR REGISTRATION. - Before approving an application the Provost Marshal will assure himself that the applicant meets the following requirements:

a. Presents certificate of State registration and a State motor vehicle operator's permit.

b. Presents evidence that he has insurance against personal liability for \$10,000 and against property damage for \$5000.

4. UNAUTHORIZED DRIVERS. - Persons in the following categories are prohibited from operating a motor vehicle on this post:

a. Under sixteen (16) years of age.

b. Near-sighted or far-sighted where such defective vision is not corrected by glasses or color blindness to red or green.

- c. Paralysis, epileptis or illiteracy.
- d. Driver's permit which has been cancelled and not reinstated.
- e. Habits or physical conditions making driving unsafe.

5. RESPONSIBILITY OF OWNERS. - The owner is responsible that the CGH registration plates issued to him are properly displayed on his motor vehicle and that the identification card issued to him is in his possession while driving on the post. Owners will not rent their cars nor permit them to be driven by any individual who does not possess a State operator's license. In cases of alleged theft or wrongful taking of a motor vehicle, the burden of proof rests on the owner to show that he has taken such precautions against theft as an ordinarily prudent person is presumed by law to have taken, such as locking ignition, car doors and garage door. Unless the owner can establish otherwise, he will be held responsible for any accident or damage to property or persons caused by his motor vehicle on the post. The theft or wrongful taking of any registered motor vehicle will be immediately reported to the Provost Marshal.

6. DISPOSITION OF REGISTRATION PLATES. - Upon transfer from this Station, owners of registered motor vehicles will report such transfer to the Provost Marshal and turn in their registration plates. Owners who dispose of their registered motor vehicle will likewise report such disposition and turn in their plates to the Provost Marshal.

7. RESPONSIBILITY OF PROVOST MARSHAL. - The Provost Marshal will make such inspections as will insure compliance with these regulations, the traffic rules and safety precautions of this post. Traffic violators will be given tickets for same and will be required to report with their tickets to the Provost Marshal within forty-eight (48) hours. Civilians who flagrantly violate traffic rules on this post and fail satisfactorily to explain such to the Provost Marshal within a reasonable time may be barred from operating a motor vehicle on this post. All cases of drunken, reckless or dangerous driving will, if possible, be arrested by the Provost Marshal, Military Police or the Administrative Officer of the Day, and a full report of the circumstances will be made to the Post Commander.

8. FORFEITURE OF REGISTRATION. - The operation of a motor vehicle while drunk or under the influence of narcotics or in a criminally careless manner, or the use of a motor vehicle for any unlawful purpose such as illegal transportation of liquor or narcotics either on or off the post will be cause for forfeiture of registration privilege.

9. AUTHORITATIVE REFERENCES. -

a. AR 850-10 - Registration of Vehicles on Post

10. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 850-75)

HR 850-75
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio.
1 January 1946

AMERICAN NATIONAL RED CROSS

	Paragraph
General Provisions	1
Organization	2
Field Director	3
Medical Social Service	4
Service to the Men of the Military Establishment	5
Guest House	6
Recreation	7
Volunteers	8
Additional Duties	9
Authoritative References	10
Rescissions	11

1. GENERAL PROVISIONS. - At the request of the Surgeon General and the Secretary of War, The American National Red Cross maintains a staff at this hospital to further the welfare of personnel and patients of all classes. Their activities are outlined in detail in Army Regulations 850-75, and carried through with the approval of the local military authorities. They utilize the cooperation of a nation-wide system of operation based upon a unit in each locality called the Red Cross Chapter. All requests for Red Cross service will be made to the Field Director. On behalf of members of military establishment the request will be made by the soldier or by his commanding officer. For patients the request will be made by the patient, the nurse, the ward officer, or the chief of each service.

2. ORGANIZATION. - The Department is in charge of Field Director under whose supervision are the following services: Medical social service and recreation program for patients of all classes, service to able-bodied members of the military establishment.

3. FIELD DIRECTOR. - The Field Director is assigned by the American National Red Cross and is responsible for the operation of the approved program through a staff of professional workers; and for the supervision of the Red Cross quarters and the property maintained therein, including that belonging to the Government as well as that belonging to the Red Cross.

4. MEDICAL SOCIAL SERVICES. - The primary purpose of medical social service is to consider the medical social aspects implicit in a case under treatment in the hospital, in the attempt to enable the patient to respond to the best advantage to treatment outlined by the medical officer. The following list suggests some of the circumstances

under which referral of patients to the Red Cross would be indicated.

a. Patients who have financial or family problems which interfere with their recovery.

b. Patients suffering from tuberculosis or other infections or contagious disease whose families should have the benefit of physical examinations to determine if medical treatment is indicated.

c. Patients in need of care following discharge, such as anti-luetic treatment, special diet, change of employment because of vocational handicap, etc.

d. Cases in which a social history would give the doctor an understanding of the background, past experience and environment that might aid in diagnosis and treatment.

e. Patients desiring assistance in communicating with relatives or friends, or in corresponding on business or other matters.

f. Seriously and critically ill patients whose visiting relatives need help in securing quarters or other family service.

g. Patients without funds requiring certain comfort articles not provided by hospital.

5. SERVICE TO MEMBERS OF THE MILITARY ESTABLISHMENT. - This service assists in the adjustment of social and personal difficulties thus strengthening official, family, and civilian contacts. Approved services extended at the request of the Detachment Commander include:

a. Furnishing confidential reports of home conditions to commanding officers for consideration of discharge, emergency furloughs, parole or remission of sentence.

b. Contacting families in cases of AWOL when notice is received in time for soldier to return before being dropped as a deserter.

c. Assisting in the solution of personal and family problems.

d. Giving or arranging for relief where necessary in connection with social welfare treatment.

e. Assisting with the presentation of government claims.

f. Service to Recruits - Information, letters to nearest relatives, providing incidental needs such as stationery, stamps, etc

6. GUEST HOUSE. - For care of families of seriously ill patients, a Guest House is maintained under the supervision of a Red Cross Hospital Worker who acts as hostess. Relatives of patients about to undergo surgery, wives with small babies, pregnant wives and elderly parents are permitted to stay three nights. Relatives can only stay one time during the month. Relatives of seriously ill patients can stay as long as patient is on seriously ill list or as many times during the month as necessary.

7. RECREATION. - The Recreation supervisor is responsible to the Field Director for the initiation, supervision and coordination of such medically approved recreational activities for patients in hospital as may be beneficial to the morale and welfare.

Recreation activities are of two general types: Ward activities and Recreation Hall activities.

a. Ward Activities. - Ward activities vary according to the needs, interest, and disabilities of the patients. In general they include such projects as: visiting, individual and small group games, tournaments, parties, music, 16 mm movies, outside entertainment, etc.

b. Recreation Hall activities. - There is a large group activity every night from 1930 to 2100 hours in the recreation hall. These activities include: 35 mm movies, variety shows, music, U.S.O. show, carnivals, special parties, game nights, smokers, dramatics, radio programs, teas, etc

c. A special recreation unit has been established on the neuropsychiatric section. Ward and recreation hall activities especially adapted to this type of patient are conducted there every day and every evening.

d. Out-of-doors Activities are also a part of the recreation program. During the summer months, programs similar to those in the recreation hall are conducted on the terrace. Automobile trips for patients to points of interest are planned and transportation is provided by the American Red Cross Motor Corps.

8. VOLUNTEERS. - To provide and direct the services of trained volunteers to assist in Social Service and recreation in hospital. Such groups to be trained under the direction of the Field Director at the request of the Commanding Officer.

9. ADDITIONAL DUTIES. -

a. Field Director is Executive Secretary of Camp & Hospital Council for Cleveland Area.

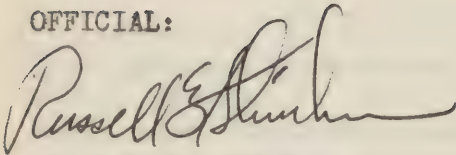
10. AUTHORITATIVE REFERENCES. -

a. AR 85-75, 30 June 1943 - Employment of American National Red Cross.

11. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

HOSPITAL REGULATIONS)
NO. 850-80)

HR 850-80
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio
1 January 1946

POST OFFICERS CLUB

	Paragraph
Purpose.....	1
Property and Maintenance.....	2
Membership (Classes of).....	3
Club Officers.....	4
Duties of the Board of Governors.....	5
Duties of the Secretary-Treasurer.....	6
Committees.....	7
Meetings and Quorum.....	8
Privileges.....	9
Club Policies and Regulations.....	10
Disbanding.....	11
Authoritative References.....	12
Rescissions.....	13

1. PURPOSE. - The objective of the Officer's Club is to make available to members, their families and guests, limited recreational facilities and social diversion with the geographical limits of the post.

2. PROPERTY AND MAINTENANCE. - In accordance with existing regulations, the Officer's Club operates as an activity financed by its members and it is maintained with non-appropriated funds. All furnishings and equipment in the club quarters, not usually provided by the Quartermaster Corps or Post Engineer, represents the property of the club and constitutes a portion of its assets. As such, properties and furnishings are maintained or disposed of in accordance with the desires of its members. Maintenance of club activities through the medium of salaried employees is likewise an obligation assumed by the clubs officers and members.

3. MEMBERSHIP (CLASSES OF). - All classes of membership are tendered without assessment of initiation fees and monthly dues shall not exceed \$2.50 payable in advance. Appropriate membership cards are issued to all members. Personnel tendered membership between the first and fifteenth of any month shall be assessed for that month. Personnel granted membership after the fifteenth of any month shall not be assessed dues for that month. Members permanently separated from the post prior to the fifteenth of any month will be refunded dues paid in that month on request.

a. Voting. - All officers and warrant officers on duty at this post who do not decline membership within ten days after their arrival and whose monthly dues are not in arrears. Members in this category are known as active members.

b. Non Voting

(1) All officers and warrant officers on a patient status in this hospital who elect to accept membership. Members in

this category are known as temporary members.

- (2) Members of the Red Cross Staff, Occupational Therapy Aide, Librarian, Apprentice Physical Therapy Aides, Hospital Dieticians and other personnel who may be voted non-voting members of the clubs Board of Governors. This class of members are know as associate members.

4. CLUB OFFICERS. - The governing body consists of the Honorary President (Commanding Officer), a Board of Governors consisting of five active members who are elected to office by its members or who may be appointed by the Commanding Officer, and a Secretary-Treasurer who is selected from among active members by the Board of Governors with the approval of the Commanding Officer. The Secretary-Treasurer is known as the Club Officer. The Officers initially elected serve a period of six months from the date of election or until separated from active membership whichever is the shorter period. Unexpired terms of club officers shall be completed by officers appointed by the Commanding Officer.

5. DUTIES OF THE BOARD OF GOVERNORS. - The Board of Governors shall establish rules and regulations for the conduct of the club, based upon the instructions from the Commanding Officer. It shall act as the supervisory body of the club and shall pass upon all matters of business submitted to it. It shall be the duty of the Board of Governors to manage the affairs of the club and they shall have full authority to enact and enforce such by-laws, rules, regulations for directing the activities and controlling the finances of the club as they shall consider in the best interest of the club. The Board of Governors, in their actions, shall be governed by a Constitution, by the wishes of the members as expressed at the meetings of the club, and by War Department Regulations applicable to the club. The Board of Governors shall meet at least once each month or at the call of the President of the Board, or the Commanding Officer.

6. DUTIES OF THE SECRETARY-TREASURER. -

a. The Secretary-Treasurer will have charge of the club and all of its activities, and be responsible for the receipt and expenditures of all funds connected therewith.

b. He shall be responsible for its properties, and shall perform the duties of the Secretary-Treasurer of the club.

c. He shall submit the accounts of the club to the Board of Governors immediately after the monthly audit.

d. He shall be responsible for the maintenance of the cleanliness and proper sanitation upon the premises occupied by the club.

e. He shall be responsible for the maintenance of good order on the part of all persons within the confines of the Officers' Club.

7. COMMITTEES.

a. The Board of Governors shall appoint such committees as it may from time to time deem necessary. The duties, authority and scope of function of each committee will be definitely fixed by the Board of Governors. Responsibility for policies, subject to final approval of the Board of Governors of each main activity shall be apportioned among various members of the Board of Governors.

b. To this end an officer of the club or a member of the Board of Governors may be appointed as chairman of each major committee. Subject to the approval of the Board of Governors, the chairman of each committee may appoint such subordinate committee, or committees as may be required to discharge its responsibilities. Major activities within the meaning of this article are construed to mean the following:

- (1) Finance and Membership
- (2) Building and Grounds
- (3) Entertainment
- (4) Miscellaneous Recreation

c. The Board of Governors, acting as a committee of the whole, shall constitute a Budget Committee, prior to January 1st, and at the beginning of each succeeding quarter of each year the Board of Governors shall adopt a budget for the succeeding quarter. This budget will allot estimated expenditures for each department.

d. Activities planned and approved by committee members as a group, together with contemplated expenditures incident thereto, shall be presented for the approval of the Board of Governors prior to the date of such activity.

8. MEETINGS AND QUORUM.

a. The entire membership shall meet twice each year prior to the expiration of the terms of the current Board of Governors for the purpose of electing a new Board of Governors and for the consideration of such other business of the club as may properly be brought before them.

b. Other meetings of the entire membership may be called as required by the Board of Governors. It shall be the duty of the Board of Governors to call a meeting upon the written request of 1/3 of the membership.

c. 40% of the members shall constitute a quorum at meetings of the entire membership for the enactment of whatever business may require the action of the active members.

d. At meetings of the Board of Governors, three members shall constitute the quorum.

9. PRIVILEGES. - The Board of Governors is empowered to designate any limitation of club privileges to non-voting members in the interests of voting members to the end that members in this category may derive all of the benefits of the club without discrimination. The club is open to members and their guests (when personally attended by the club member) during the hours 1100 and 2300 daily except on Saturdays when the hours will be from 1100 to 0100 Sunday. Club facilities consist of a game room, locker room, lounge and music room (Blue Room). The club refreshments and food are served at the bar in the club lounge and may be purchased for consumption in the club quarters through the medium of a credit card which may be purchased from the club secretary. Cash transactions are not authorized.

10. CLUB POLICIES AND REGULATIONS. - Inasmuch as the Officers' Club at Crile General Hospital occupies quarters in a military installation maintenance of good order and discipline, in keeping with the best interest of the military service, is the responsibility of this Command and violation of Army regulations or hospital regulations by persons in the military service while within the limits of the club quarters are subject to any disciplinary action taken by the Commanding Officer or any officer so designated during his absence. The Administrative Officer of the Day is responsible for the good order and proper closing of the Officers' Club. The civilian employees on duty in the club will make preparation for closing at the proper time but the Administrative Officer of the Day, after making a careful inspection especially with respect to fire hazards, will close the club. Should the Administrative Officer of the Day be engaged in any other official business which he cannot leave at the time when the club should be closed, he is authorized to nominate the senior officer present in the club as his deputy. This may be done by telephone. If no officer is present in the club, the Administrative Officer of the Day may call upon the Medical Officer of the Day or upon any available officer for this purpose. The deputy so nominated will inspect and close the club, and will then report the fact of inspection in closing to the Administrative Officer of the Day. A statement of the satisfactory condition of the club, the inspection before closing and its closing will be submitted with the regular report of the Administrative Officer of the Day.

11. DISBANDING. - Upon receipt of notice of inactivation of the Post or at such time as the club is dissolved, disposition of properties and proceeds from such properties resulting from sale of and other existing non-appropriated funds in the possession of the club will be disposed of in accordance with the provisions of par 5, Sec V, WD Cir No 30, 1945, Subject: Non-appropriated Funds.

12. AUTHORITATIVE REFERENCES. -

a. AR 210-50, 20 Jan 1945, Post, Camps and Stations - Non-Appropriated Funds.

b. AR 15-15 20 Sept 1945 - Records Administration.

c. TM 20-221, Feb 1945, WD Accounting Instructions for Unit and Headquarter's Funds.

d. RR 1-6, 15 Feb 1945, SOP for Demobilization of Category, IV Units.

e. Constitution and By-Laws, Officers' Club, Crile General Hospital, 31 Oct 1944, as amended.

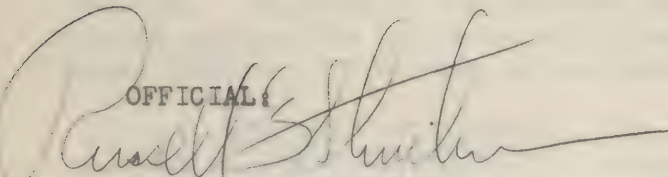
13. RESCISSIONS. -

a. Crile GH Memo, 22 Dec 1943.

b. Amendment 1, Art XIII, Constitution and By-Laws, Officers' Club, Crile GH, 31 Oct 1944.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:


RUSSELL B. STEINHOOR
Major, MAC
Adjutant

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

ATHLETICS

	Paragraphs
General	1
Athletic Facilities Section	2
Intra-mural Leagues and Post Teams Section	3
Authoritative References	4
Rescissions	5

1. GENERAL. - The mission of the Post Athletic Section is to put into effect a program of recreational "athletics for all". The goal is mass participation to develop in the individual soldier a spirit of competitiveness, sportsmanship, and cooperation. The Athletic Officer is in direct charge of all post athletics under the supervision of the Special Services Officer. A successful athletic program may be attained through an enthusiastic approach to the problem by the Athletic Officer, the Special Services Officer, and members of the Athletic Council. See HR 40-830.

2. ATHLETIC FACILITIES. - There is a well equipped gymnasium offering such sports as volley ball, badminton, basketball, tennis, boxing, and a variety of others. A schedule is set for the gymnasium, making it available to the various types of post personnel at regular hours each week. A swimming pool, 3 tennis courts, a soft ball diamond, and a handball court are other facilities available in the athletic program. TM 21-220.

3. INTRA MURAL LEAGUES AND POST TEAMS. In order to stimulate mass participation in sports, leagues will be formed by the Post Athletic Officer for seasonal competitive play. Post teams will also be organized in the more popular activities for competition with outside teams. W.D. Cir No. 234.

4. AUTHORITATIVE REFERENCES. -

a. Athletic Facilities. -

- (1) W.D. TM 21-220, 13 May 1942, Sports and Games.
- (2) ASF Manual 211-1, 9 Feb 1945, Sec II, Athletics.
- (3) FM 28-105, 5 Jan 1944, Chap II, Par 17, The Special Service Company.

b. Intra-mural Leagues and Post Teams. -

- (1) W.D. Cir No. 234, 2 Aug 1945, Sec III, Par 5, 6, Athletics and Sports.
- (2) ASF Information Guide No. 1, Athletic Meets.

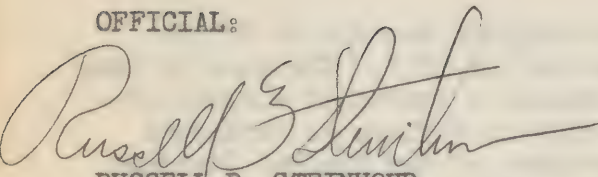
(3) ASF Information Guide No. 2, Organizing and Conducting
Army Athletics.

5. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

RUSSELL B. STEINHOOR
Major, MAC
Adjutant



RUSSELL B. STEINHOOR
Major, MAC
Adjutant

SWIMMING POOL

	Paragraphs
Instructions	1
Sanitary Measures	2
Maintenance	3
Inspection	4
Laboratory Examinations	5
Authoritative References	6
Rescissions	7

1. INSTRUCTIONS. -

a. The Post Swimming Pool is operated under the jurisdiction of The Athletics and Recreation Officer. The orders, instructions and requests of the pool attendants, as his representatives, will be complied with by all swimmers.

b. All patients must have a note from their Ward Officer before they will be admitted to the pool.

c. All persons will take a shower bath with warm water and soap before entering the pool enclosure. The soap will be rinsed off with warm water, which is followed by a cold shower. The swimming suit is then put on without drying the body, after which another cold shower may be taken if so desired.

d. No articles of food will be carried into the bath house or pool enclosure.

e. Trunks or bathing suits must be worn at all times.

f. All bathing suits loaned from the bath house will be returned after use.

g. No more than 200 persons will be allowed in the pool enclosure at any one time.

h. Expectoration, blowing the nose, or urinating into the pool is forbidden.

2. SANITARY MEASURES. -

a. A chlorine residulant test will be taken every two (2) hours and a Ph test will be taken daily.

b. The bath house will be disinfected regularly with chlorine solution to prevent disease.

c. The pool will be dumped at least twice during the swimming season. A water vacuum cleaner should be used daily to clean all debris from the pool.

d. No person who has a cold, sore, ulcers, or other skin diseases, discharges from the ears, who is wearing a bandage of any kind, or is otherwise sick will be permitted to enter the pool enclosure.

3. MAINTENANCE. - Repairs and necessary adjustments will be made by the Post Engineer.

4. INSPECTION. - Routine inspections of swimming pools should be made by the medical inspector or his assistants to insure that swimming pools are operated in a safe and sanitary manner, giving particular attention to the following items:

a. Supervision of bathers. - A qualified attendant should be on duty at all times when the pool is open to use by bathers. The attendant should be in full charge of bathing and have authority to enforce the rules of safety and sanitation recommended below.

b. Maintenance of swimming pool rooms, dressing rooms, shower rooms, and toilets. - The swimming pool, dressing rooms, and appurtenances should be kept clean at all times. The use of DDT residual spray on lockers and on the walls of dressing and toilets is recommended where flies, mosquitoes, or other insects may be a problem.

c. Quality control of swimming pool waters. -

(1) Residual disinfection. -

(a) Chlorine at a residual concentration between 0.4 and 0.6 parts per million is the preferred disinfection strength for swimming pool waters. Operating tests should be made frequently to insure this concentration of free chlorine at peak loads in the pool.

(b) Chloramine disinfection is slower and should not be employed. As far as possible, chloramines should be eliminated by the use of higher rates of chlorination. With the use of ammonium alum as a coagulant, or with the ammonia naturally present in the pool water, it may not be possible to eliminate chloramines. If chloramines are present, the residual "Chlorine" concentration in the pool water should be maintained between 0.7 and 1.0 parts per million.

(2) Ph. - The Ph of the swimming pool water should be maintained between 7.2 and 7.6.

(3) Clearness. - If the water is of suitable clarity, an observer outside the pool should be able to see clearly,

from a horizontal distance of 10 yards, a black disk, 6 inches in diameter on a white field, lying on the bottom of the pool at its deepest point.

- (4) Temperatures. - The water in any swimming pool should not be artificially heated to a temperature above 78°F. It is desirable that air temperatures should be about 5°F. warmer than pool temperature.

ing:

- d. Operating records. - Full daily records will be kept, showing:
- (1) The total number of swimmers.
 - (2) The maximum number of swimmers using the pool at one time.
 - (3) The length of time pumps and filters are in operation.
 - (4) The time that each filter is washed and cleaned.
 - (5) The amount of chemicals that are added.
 - (6) The time when the pool is cleaned.
 - (7) The results of all tests made of the quality of the water, including at least one test for residual chlorine made at the end of each swimming period.

5. LABORATORY EXAMINATIONS. - One or more samples of water will be collected weekly by the Laboratory Officer, or his authorized representative, for examination by the post laboratory for bacteriological content.

a. Collection of sample. - Samples will be collected only when the pool is in use and preferably during periods of heaviest bathing loads. Sterile containers containing sodium thiosulfate to neutralize the chlorine residual will be used to collect the samples.

b. Coliform test. - None of the five 10 cc portions of the water examined should be positive by the confirmed test for coliform organisms.

c. Bacteria count on standard nutrient agar. - Not more than 15 percent of the samples should contain more than 200 colonies per cc when incubated 24 hours at 37° C. on standard nutrient agar.

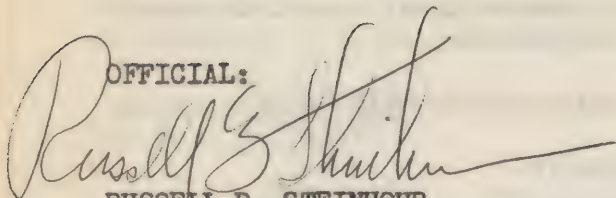
6. AUTHORITATIVE REFERENCES. -

- a. FM 21-22, "Swimming."
- b. TB Med 163, "Sanitation of Army Swimming Pools and Swimming Pool Areas."

7. RESCISSIONS. - None.

BY ORDER OF COLONEL EMERSON:

OFFICIAL:

A large, stylized handwritten signature in dark ink, appearing to read "Russell B. Steinhour". The signature is written over the printed name and title of the official.

RUSSELL B. STEINHOOR
Major, MAC
Adjutant

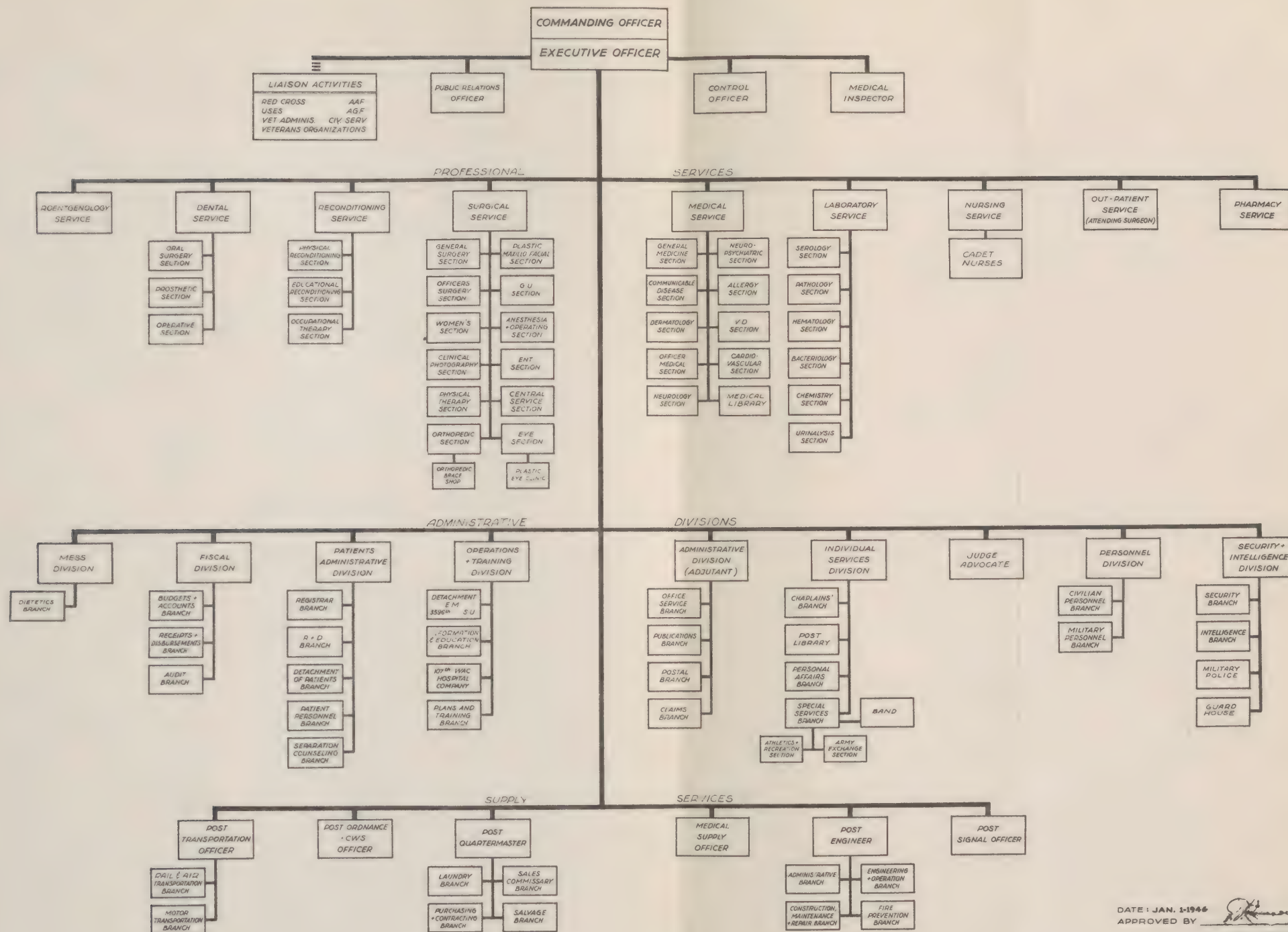
RUSSELL B. STEINHOOR
Major, MAC
Adjutant

H R 10-15

ORGANIZATION CHART

CRILE GENERAL HOSPITAL
CLEVELAND 9, OHIO

H R 10-15



DATE: JAN. 1-1946
APPROVED BY

G.V. EMERSON
COLONEL MEDICAL CORPS
COMMANDING

HEADQUARTERS
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio

1 February 1946

DIRECTORY OF NURSES

Report errors, omissions, changes of phone number and quarters IMMEDIATELY to the Adjutant's Office, Extension 240.

NAME	Nurses Quarters	DUTY	Date Arr this Sta	Office Phone
------	--------------------	------	----------------------	-----------------

MAJORS

Schwendtger, Clara M	4-22-340	Pr Ch Nurse	1 Aug 45	154
Hanes, Gladys M	5-22-342	Asst to Pr Ch Nurse	1 Sep 45	154

CAPTAINS

Baker, Lillian		Op Room Supervisor	To Join	
Clark, Leola	4-30	Asst to Pr Ch Nurse	17 Nov 45	154
Morse, Muriel	4-241	Supervisor	7 Jan 46	154

1ST LIEUTENANTS

Alarick, Doris F	4-237	Nurse Gen Dy	5 Jan 46	200
Baker, Jewel J	5-241	Nurse Gen Dy	3 Oct 45	303
Banister, Marybelle	5-241	Nurse Gen Dy NP	1 Dec 45	303
Beardsley, Gertrude	4-215	Nurse Gen Dy, At. S.O.	21 Nov 45	249
Bender, Grace	4-226	Nurse Gen Dy	14 Dec 45	214
Bernhardt, Ann M	4-34	Nurse Gen Dy	2 Jan 46	220
Brandt, Margarete	2-214	Nurse Gen Dy	12 Jan 46	100
Braash, Lorraine J	4-202	Nurse OP Room	20 Mar 44	148
Brandvold, Florence	5-27	Nurse, OP Room	8 Nov 45	148
Bilger, Mary V	5-224	Nurse Gen Dy	21 Jan 46	200
Brown, Ruth K	4-218	Nurse Gen Dy	4 Nov 45	225
Burnett, Mary E	4-201	Nurse Gen Dy	10 Jan 46	303
Calland, Dorothy B	4-227	Nurse Anesthetist	5 Apr 45	148
Carney, Eleanor	2-227	Nurse Gen Dy	13 Jan 46	211
Cheveney, Eleanore	4-228	Nurse Gen Dy	20 Jan 46	215
Ciegotura, Grace	5-7	Nurse Comm Disease	15 Jul 44	231
Clark, Frances	5-11	Nurse Gen Dy	11 Jan 46	220
Colvin, Alice E	2-214	Nurse Gen Dy	13 Jan 46	211
Corossel, Sibyl G	5-228	Nurse Gen Dy	17 Jan 46	215
Cowan, Mary H	4-17	Nurse Gen Dy	5 Jan 46	1
Franklin, Helen	2-228	Nurse NP	10 Nov 45	314

Crusoe, Kathryn R	5-39	Nurse Gen Dy	25 Jan 45	111
Cuthbert, Joane	2-35	Nurse Anesthetist	14 Jan 46	148
Curry, Virginia	3-241	Dir of Cadet Nurses	11 Mar 45	109
David, Ella M	5-2	Nurse Gen Dy	9 Nov 45	317
DeStefano, Esther J	4-9	Nurse Gen Dy	5 Jan 46	114
Donahue, Marjorie	3-235	Nurse Gen Dy	12 Jan 46	216
Eichhorn, Bertha M	4-39	Nurse Gen Dy	21 Jan 46	227
Elliott, Catherine V	4-215	Nurse OP Room	10 Dec 45	148
Fonga, Moncelle D	2-36	Nurse Gen Dy	11 Jan 46	204
French, Irma J	4-32	Nurse Gen Dy	4 Jan 46	108
Gillespie, Virginia M	4-38	Nurse NP	26 Jan 46	343-341
Goodwin, Lucille		Nurse Gen Dy	To join	
Greenberg, Edith	4-27	Nurse Gen Dy	4 Nov 45	204
Greenlee, Millie E	5-33	Nurse Gen Dy	26 Jan 46	213
Groff, Mary M	4-228	Nurse Gen Dy	13 Jan 46	112
Ham, Odessa	5-234	Nurse Gen Dy	20 Jan 45	102
Hamilton, Nina	4-211	Nurse Gen Dy	28 Oct 45	114
Hawk, Alma	4-31	Nurse OP Room	21 Jan 45	148
Henderson, Marjorie	4-234	Nurse NP	4 Nov 45	309
Hendrix, Alma R	5-15	Nurse Gen Dy	4 Jan 46	200
Holmes, Sarah B	4-238	Nurse Gen Dy	3 Jan 46	204
Holton, Mary P	2-211	Nurse Gen Dy	25 Jan 46	220
Hurley, Frances A	5-5	Nurse Gen Dy	15 Jul 44	317
Inman, Ruby P	4-231	Nurse Gen Dy	8 Nov 45	227
Jones, Betty Lou	5-31	Nurse Gen Dy	17 Jan 46	106
Kennedy, Elizabeth P		Nurse Gen Dy	To Join	
Kermott, Nancy C	4-207	Nurse Gen Dy	9 Nov 45	114
Kinder, Maxine	2-15	Nurse Gen Dy	21 Jan 46	213
Kirchheiner, Ruth	4-29	Nurse Gen Dy	1 Mar 44	202
Kotila, Gertrude	5-34	Nurse Gen Dy	20 Aug 45	112
Lance, Anna M	3-239	Nurse Anesthetist	11 Jan 46	148
Lee, Mary M	4-25	Nurse Supervisor	9 Nov 45	104
Lewis, Leona H	5-216	Nurse Gen Dy	13 Jan 46	315
Lindeman, Virginia E	5-218	Nurse Gen Dy	25 Jan 46	315
Lipsey, Ellen	4-3	Nurse Gen Dy	29 Oct 45	227
Lohrenz, Leona P	5-36	Nurse OP Room	8 Jan 46	148
Iyans, Eleanor M	3-201	Asst Dir of Cadets	21 May 45	109
Madan, Ann M	4-206	Nurse OP Room	21 Aug 45	148
Maranville, Betty J	5-4	Nurse Gen Dy	10 Jan 46	204
Mowbray, Louise F	5-29	Nurse Gen Dy	7 Jan 46	200
McColley, Virginia	4-216	Nurse NP	15 Jun 45	306
McCoy, Pauline A	5-209	Nurse NP	25 Jul 45	204
Morrissey, Ann M	5-227	Nurse Gen Dy	25 Jan 46	204
Myren, Marjorie E	4-11	Nurse Gen Dy	5 Jan 46	317
Niedhardt, Martha J	5-226	Nurse Gen Dy	21 Jan 46	216
Neilson, Elizabeth M	4-7	Nurse Gen Dy	12 Nov 45	200
Nye, Marian L	2-11	Nurse Gen Dy	15 Sep 44	207
Patterson, Millie	4-229	Nurse Gen Dy	30 Jun 45	216
Paulson, Isabell S	2-240	Nurse Gen Dy	13 Jan 46	225
Pletta, Leona M	2-233	Nurse Gen Dy	29 Jan 46	
Paxton, Maxine L	4-233	Nurse Gen Dy	7 Apr 44	227
Quint, Desta M	4-205	Nurse Gen Dy	20 Jan 46	231

Matkey, Helen H	3-240	Nurse Gen Dy	21 Jan 46	114
Reid, Ruth I	3-24	Nurse Gen Dy	14 Jan 46	148
Rewards, Dorothy L	4-239	Nurse Gen Dy	26 Oct 45	322
Rinkes, Helen J	4-33	Nurse Gen Dy	5 Jan 46	231
Robinson, Dorthea M	5-32	Nurse Gen Dy	16 Jan 46	303
Shaeffer, Geraldine	4-8	Nurse Gen Dy	10 Jul 45	213
Sims, Geneva F	4-37	Nurse Gen Dy	4 Jan 46	210
Sheeley, Ruth E	2-237	Nurse, Gen Dy	22 Jan 46	207
Shultz, Mary			To Join	
Sokol, Agnes C	5-215	Nurse Gen Dy	25 Nov 45	233
Spillman, Frances J	5-235	Nurse Gen Dy	13 Jan 46	216
Statlor, Helen J	2-9	Nurse Gen Dy	13 Nov 45	223
Stansbury, Marie	4-2	Nurse Gen Dy	23 Aug 44	Sk Hosp
Stewart, Lois M	5-25	Nurse Gen Dy	4 Nov 45	303
Thacker, Edith	4-36	Nurse Gen Dy	15 May 44	220
Thomas, Genell E	3-234	Nurse Gen Dy	25 Jan 46	
Tippett, Sara M	5-37	Nurse OP Room	6 Jan 46	146
Tripp, Priscilla J	4-225	Nurse Anesthetist	30 Mar 45	148
Young, Nello H	5-9	Nurse Gen Dy	15 Jan 46	106
Walls, Trullis H	3-24	Nurse Gen Dy	12 Jan 46	108
Weideman, Geraldine	4-13	Nurse Gen Dy	14 Jan 46	322
Wilson, Lucy R	4-5	Nurse Gen Dy	25 Nov 45	216
Wise, Lorraine J	5-1	Nurse Gen Dy	3 Nov 45	303

2nd LIEUTENANTS

Bojzik, Mary A	5-203	Nurse Gen Dy	10 Apr 45	112
Flachman, Clara L	2-226	Nurse Gen Dy	14 Nov 45	108
Brabanec, Alice	5-205	Nurse Gen Dy	10 Apr 45	225
Troisemach, Ann L	5-232	Nurse Gen Dy	30 Apr 45	232
Brown, Jessie L	2-209	Nurse Gen Dy	12 Nov 45	106
Burke, Betty J	5-3	Nurse Gen Dy	31 May 45	114
Calmes, Mary E	5-210	Nurse OP Room	3 Apr 45	148
Carr, Carrie	2-218	Nurse Gen Dy	27 Nov 45	317
Ceney, Grace V	2-20	Nurse Gen Dy	11 Jan 46	221
Chaffee, Ellen E	5-223	Nurse OP Room	19 Apr 45	148
Carlin, Lella E	2-226	Nurse Gen Dy	14 Apr 45	317
Deeley, Mary	5-207	Nurse Gen Dy	30 Apr 45	302
Demman, Florence J	5-6	Nurse Gen Dy	4 May 45	222
Elder, Edith J	5-216	Nurse Gen Dy	2 Nov 45	303
Elton, Dorothy J	2-235	Nurse Gen Dy	31 May 45	114
Ewing, Dorothy	2-210	Nurse Gen Dy	31 May 45	Sk Hosp
Gallagher, Marie E	3-24	Nurse Gen Dy	31 May 45	216
Green, Marian C	5-206	Nurse Gen Dy	14 Apr 45	219
Harnish, Bonnie B	2-217	Nurse Gen Dy	18 May 45	202
Henry, Marjorie E	2-211	Nurse Gen Dy	21 Mar 45	213
Hildebrand, Hanna	2-223	Nurse Gen Dy	19 Jun 45	200
Hindson, Frances I	5-11	Nurse Anesthetist	15 Feb 45	143
Hodges, Delores	4-214	Nurse Gen Dy	4 Jan 45	216
Hovkavi, Irene	5-201	Nurse Gen Dy	14 Apr 45	213
Jacques, Bernice	4-200	Nurse Anesthetist	20 Oct 45	113

Johanson, Lillian-1933	Mayview-1 7765--Nurse	15 Nov 45	306
James, Esther M	2-35 Nurse Gen Dy	5 Jan 45	108
Kelley, Mary K	2-217 Nurse Gen Dy	18 May 45	114
Klingler, Beulah	2-218 Nurse Gen Dy	31 May 45	216
Kolic, Thresa	5-202 Nurse Gen Dy	27 Aug 45	112
Krueger, Lucille A	2-227 Nurse Gen Dy	4 May 45	315
Long, Anne J	5-207 Nurse	30 Apr 45	306
Lucin, Anne M	2-229 Nurse Gen Dy	5 Jun 45	231
Macy, Mary E	2-231 Nurse Gen Dy	10 Apr 45	219
Manning, Dorothy M	2-215 Nurse Gen Dy	18 May 45	216
McCormick, Viola		To Join	
Michno, Dorothy J	5-211 Nurse OP Room	19 Jun 45	148
Morgan, Mildred F	2-36 Nurse Gen Dy	25 Apr 45	108
Morphew, Grace	2-239 Nurse Gen Dy	11 Jan 45	104
O' Bryan, Elizabeth	5-205 Nurse Gen Dy	15 Mar 45	210
Pangrace, Mary	2-234 Nurse Gen Dy	18 May 45	231
Peterson, Selina E	2-33 Nurse	16 Nov 45	310
Pickel, Floretta R	4-208 Nurse Gen Dy	25 Jan 46	100
Promenschenkel, Rosemary	5-225 Nurse Gen Dy	5 Jun 45	227
Pyle, Mary L	2-213 Nurse OP Room	3 Apr 45	148
Randall, Ruth M	2-238 Nurse Gen Dy	3 Apr 45	213
Reams, Anne D	5-208 Student Anesthetist	21 May 45	148
Reeves, Edith C	2-238 Nurse Gen Dy	10 Apr 45	210
Reist, Helen M	5-3 Nurse Gen Dy	10 Apr 45	106
Richey, Ruth E	4-35 Nurse Gen Dy	6 Mar 45	306
Ridings, Ora G	2-215 Nurse Gen Dy	19 Jun 45	315
Sands, Betty Jo	2-228 Nurse Gen Dy	13 Nov 45	108
Schlacket, Celia-3501	Silsby Rd-Ye 6510--Nurse Gen Dy	25 Nov 45	227
Schuster, Ann M	2-26 Nurse Gen Dy	10 Apr 45	219
Severin, Frances M	5-237 Nurse Gen Dy	6 Jun 45	200
Shreve, Evelyn E	4-6 Nurse Gen Dy	15 Feb 45	207
Snoy, Margaret A	5-237 Nurse OP Room	30 Apr 45	148
Steube, Joyce	2-24 Nurse Gen Dy	10 Apr 45	100
Sulpizio, Virginia	2-33 Nurse Gen Dy	27 Nov 45	315
Sundby, Ramona F	2-31 Nurse OP Room	10 Apr 45	148
Teare, Catherine E	5-231 Nurse	30 Apr 45	306
Van Fleet, Gladys M	5-231 Nurse Gen Dy	30 Apr 45	213
Wallace, Ruth E	2-26 Nurse Gen Dy	19 Jun 45	219
Warner, Jeanne M	2-13 Nurse OP Room	10 Apr 45	148
Welch, Vera M	2-225 Nurse OP Room	5 Jun 45	148
Yanus, Alyce M	2-234 Nurse Gen Dy	4 May 45	227
Zemla, Bernice	2-34 Nurse Gen Dy	20 May 45	207

NURSES RELIEVED FROM DUTY DURING JAN 46

<u>Name</u>	<u>Rank</u>	<u>A/S</u>	<u>ASN</u>	<u>Authority</u>	<u>Date</u>
Amidich, Emilie L	1st Lt	ANC	N-741092	pp 3, SO 12, CGH	18 Jan 46
Eastow, Barbara	1st Lt	ANC	N-753011	pp 11, SO 2, CGH	4 Jan 46
Bennett, Cora A.	1st Lt	ANC	N-768305	pp 39, SO 281, ASF	
				5th SvC Ft Hayes	4 Jan 46

Buck, Stella M.	1st Lt	ANC	N-745181	pp 11, SO 2, CGH	4 Jan 46
Budnick, Ruth R.	1st Lt	ANC	N-746111	pp 11, SO 6, CGH	11 Jan 46
Clark, Dorothy J.	2nd Lt	ANC	N-740081	pp 16, SO 21, CGH	30 Jan 46
Court, Geraldine F.	1st Lt	ANC	N-773717	pp 15, SO 11, CGH	16 Jan 46
D'Angelo, Frances O.	2nd Lt	ANC	N-773711	pp 13 SO 24, CGH	31 Jan 46
DeVecka, Anne	2nd Lt	ANC	N-749001	pp 3 DO 12, CGH	18 Jan 46
Emch, Martha E.	1st Lt	ANC	N-767271	pp 11, SO 6, CGH	11 Jan 46
Fenimore, Jean H.	2nd Lt	ANC	N-769663	pp 19, SO 3, CGH	14 Jan 46
Huisenfeldt, Alice J.	1st Lt	ANC	N-773295	pp 13, SO 6, CGH	12 Jan 46
Imbody, Geneva	1st Lt	ANC	N-728057	pp 14, SO 6 CGH	12 Jan 46
Kiehl, Harriet A.	1st Lt	ANC	N-767904	pp 2, SO 309, CGH	2 Jan 46
Landaw, Mary L.	1st Lt	ANC	N-768050	pp 3, SO 12, CGH	18 Jan 46
Lay, Dorothy B.	2nd Lt	ANC	N-769602	pp 2, SO 12, CGH	17 Jan 46
McKlindon, Marie T.	1st Lt	ANC	N-762207	pp 11, SO 2, CGH	4 Jan 46
Monard, Dorothy	1st Lt	ANC	N-773737	pp 15, SO 11, CGH	16 Jan 46
Mikkelson, Hazel L.	1st Lt	ANC	N-776500	pp 14, SO 25, CGH	31 Jan 46
Mitchell, Madlyn M.	1st Lt	ANC	N-745507	pp 11, SO 2, CGH	4 Jan 46
Nail, Velma E.	1st Lt	ANC	N-726049	pp 4, SO 20, CGH	3 Jan 46
to Det of Fnts CGH					
Nareen, June L.	1st Lt	ANC	N-776467	pp 13, SO 6, CGH	12 Jan 46
Pesavento, Margaret A.	1st Lt	ANC	N-773742	pp 15, SO 11, CGH	16 Jan 46
Potts, Georganna	2nd Lt	ANC	N-769027	pp 2, SO 12, CGH	17 Jan 46
Reiche, Violet M.	1st Lt	ANC	N-773502	pp 15, SO 11, CGH	16 Jan 46
Reese, Ruth	1st Lt	ANC	N-762214	pp 11, SO 2, CGH	4 Jan 46
Rowland, Barbara J.	1st Lt	ANC	N-773717	pp 16, SO 18, CGH	24 Jan 46
Roy, Norma J.	1st Lt	ANC	N-745516	pp 11, SO 2, CGH	4 Jan 46
Shafford, Juanita M.	1st Lt	ANC	N-768324	pp 2, SO 12, CGH	17 Jan 46
Sosh, Anne	1st Lt	ANC	N-788587	pp 16, SO 23, CGH	30 Jan 46
Wasem, Ione L.	1st Lt	ANC	N-785001	pp 6, SO 3, CGH	6 Jan 46
Wilson, Arline G.	1st Lt	ANC	N-768815	pp 16, SO 18, CGH	24 Jan 46
Ziemba, Josephine	1st Lt	ANC	N-721649	pp 9, SO 20, CGH	25 Jan 46
Zum Mallen, Mildred	1st Lt	ANC	N-773749	pp 2, SO 12, CGH	17 Jan 46

NURSES RELIEVED FROM DUTY DURING FEB 46

Adams, Martha	1st Lt	ANC	N-767756	pp 20, SO 21 Hq 5th SvC	5 Feb 46
Calvin, Gladys	2nd Lt	ANC	N-769412	pp 20, SO 21 Hq 5th SvC	5 Feb 46
Chorman, Margaret	2nd Lt	ANC	N-793710	pp 21, SO 21 Hq 5th SvC	5 Feb 46
Cowan, Mary	1st Lt	ANC	N-743758	pp 9, SO 27, CGH	5 Feb 46
DeStefano, Esther	1st Lt	ANC	N-760699	pp 9, SO 27, CGH	5 Feb 46
Hall, Alma	1st Lt	ANC	N-768797	pp 21, Hq 5th SvC SO 21	5 Feb 46
Hesslin, Patricia	2nd Lt	ANC	N-774901	pp 20, SO 21, Hq, 5th SvC	5 Feb 46
Ikerman, Martha	2nd Lt	ANC	N-769235	pp 21, SO 21, Hq 5th SvC	5 Feb 46
Jauch, Emma	2nd Lt	ANC	N-769069	pp 21, SO 21, Hq 5th SvC	5 Feb 46
Kole, Ilah	1st Lt	ANC	N-772308	pp 21, SO 21, Hq 5th SvC	5 Feb 46

Maranville, Betty	1st Lt	ANC	N-729813	pp 9, SO 27, CGH	5 Feb 46
Morris, Mary	1st Lt	ANC	N-744161	pp 21, SO 21, Hq 5th SvC	5 Feb 46
Moyer, Sophia	1st Lt	ANC	N-760820	pp 21, SO 21, Hq 5th SvC	5 Feb 46
Peine, Susan	2nd Lt	ANC	N-766944	pp 20, SO 21, Hq 5th SvC	5 Feb 46
Southway, Doris	1st Lt	ANC	N-752036	pp 21, SO 21, Hq 5th SvC	5 Feb 46
Vucelich, Mildred	1st Lt	ANC	N-767910	pp 20, SO 21, Hq 5th SvC	5 Feb 46

HEADQUARTERS
CRILE GENERAL HOSPITAL
Cleveland 9, Ohio

1 February 1946

DIRECTORY OF OFFICERS

Report errors, omissions, changes of addresses and phone numbers (office and home) IMMEDIATELY to the Adjutant's Office, Extension 240.

Rel Rank	NAME	A/S HOME ADDRESS	PRIN DUTY	Date Arr this Sta	Off Ph	Home Ph
1	EMERSON, Gouverneur V	MC 1276 Overlook Rd	Commanding	21 Oct 45	241 LA	8845
2	TINGAY, Lynn H	DC 13608 Detroit Ave	Ch Dental Sv	10 Oct 45	157 LA	5652
3	MORGAN, Clifford V	MC OQ #6 R-24	Exec Off	19 Nov 45	242	349

LIEUTENANT COLONELS

5	CLEMENTS, Harold N	MAC OQ #7 R-6	Registrar	9 Dec 45	282	362
1	DELP, Mahlon H	MC OQ #7 R-25	Cof Med Sv	11 Feb 44	153	351
2	FUNCK, Leroy O	QMC 4303 Forestwood Dr, Parma	Quartermaster	4 Aug 45	330 FL	8304
6	HOLLAND, John A	MC 6032 Ridge Rd	Cof NP Sec	25 May 44	144 SH	7248
9	HYROOP, Gilbert L	MC OQ #6 R-40	Asst Ch Plas Sec	11 Feb 45	316	353
4	McMANIS, Thayne F	DC 6922 Pleasant Valley Rd	Cof Dental Service	16 Nov 45	157 IN	3371
7	SHIFLETT, Emory L	MC 6040 Ridge Rd	Cof X-Ray Sv	8 Jan 44	141 FL	6484
8	SODERBERG, Nathaniel	MC OQ #6 R-34	Cof Plas Sec	17 May 45	206	353
3	STRUBLE, Gilbert C	MC 3212 Roanoke	Dof Eye Sec	1 Mar 45	159 FL	0046

MAJORS

1	CAMPBELL, Harry W	ChC OQ #7 R-5	Chaplain (Prot)	18 Apr 45	162	362
9	FEDOR, Ernest J	DC 1358 Belvoir	Dent Off	15 Nov 45	156 EV	1199
15	HAMANN, Carl A	MC OQ #6 R-239	Cof Max-Fac Section	17 Jan 45	214	353
12	HAMILTON, Joseph E	MC 4601 Henritze	Cof Surg Sv	24 Oct 44	147 FL	9227
13	HAMMERSELY, George K	MC OQ #7 R-4	Wd Off Plas Section	24 Nov 45	300	362
3	KELIKIAN, Hampar	MC OQ #6 R-29	Cof Ortho Section	22 Dec 45	115	353
5	NOBLE, James P	CE OQ #7 R-202	Post Eng	5 Mar 45	120	342
4	PERSHING, Clarence H	MAC OQ #6 R-35	Asst Hosp Insp	4 Mar 45	253	353
10	SALON, Dayton D	MC 6011 Farnsworth	Cof Neurol Section	21 Jun 45	224 FL	7980
11	SCHOENBERGER, Sara	ANC NQ #4	Pr Ch Nurse	1 Aug 45	154	340

16 SHECKET, Harmon A	MC OQ #7 R-209	Asst Cof Med Sv	9 Nov 45	153	362
7 STEELE, Lowell R	MC 4321 W 61st St	Ortho Surg	19 Nov 45	115 SH	5832
14 STEINHOOR, Russell B	MAC OQ # 7 R-31	Adjutant	12 Dec 45	243	362
8 SUTHERLAND, George F	MC OQ # 6 R-202	Asst Cof NP Section	4 Apr 44	319	353
2 THOMAS, David E	MC 2034 W 103 St	Wd Off Gen Surg	11 Nov 45	300 WO	0087
6 WAHL, Carl N	MC OQ # 7 R-213	Plas Surg	11 Jan 46	209	362
17 WECKESSER, Elden C	MC 2041 Goodman Rd	Wd Off Plas Section	31 Jan 45	318 YE	1220

CAPTAINS

25 ALTER, John R	DC 146 Whitman Lane Berea	Dent Off	6 Mar 45	156	
7 BARNES, Milford E	MC 6118 Ridge Rd	Med Sv-Np Sec	18 Mar 44	308 FL	7640
34 BARNUM, David R	MC OQ #6 R-225	Wd Off-Med Sv	17 Jan 46	220	353
51 BASSHAM, Robert L	FD 2327 North Ave	Ch Receipts & Disburse Br	21 Jan 45	272 FL	3024
26 BISHOP, Robert E	MC 7310 Whittington	Asst Ch X-Ray	31 Dec 44	141 FL	5113
37 BRODY, David R	MC OQ #7 R-8	Plastic Surg	21 Sep 45	318	362
15 BROWN, Harold E	MC OQ #6 R-211	Ophthalmolo- gist	4 Dec 45	205	353
56 BURKE, Raymond F	AUS 142 Whitmen Lane Berea	Exec Off Re- con Sec	19 Mar 45	367	
41 CANOWITZ, Aaron S	MC OQ #7 R-225	Anesthetist	13 Nov 45	148	362
21 CLIFFORD, James	DC 6115 Ridge Rd	Ch Plas Eye Section	18 Mar 45	336 FL	6006
11 CRAMER, Irving I	MC OQ #6 R-207	Surg Sv ENT Section	11 Dec 45	251	353
12 FAHEY, George L	AGD 4006 Yorkshire Rd	Separation & Counseling Off	15 Dec 45	297 SH	3913
3 FINDER, Jerome G	MC OQ #6 R-214	Ortho Surg	15 Jan 46	101	353
29 FUSON, Thomas J	MC 11118 Clifton	Plastic Surg	11 Nov 45	211 LA	4820
57 GREENSPAN, Benjamin	MC OQ #7 R-11	Ch Gen Surg Section	4 Jan 46	201	362
30 GRUBER, Adolph	MC 1396 Addison Rd	Wd Off-Urology	15 Nov 45	221 HE	4869
58 HAGER, Cornelius R	TC 4006 Yorkshire Rd	Asst Sep & Classification Officer	5 Dec 45	297 SE	3913
49 HALL, Winston C	MC OQ #6 R-5	Wd Off-Med Sv	4 Nov 45	228	353
20 HARTLEY, George Jr	MC OQ #6 R-2	Ch Laboratory	17 Dec 45	149	353
46 ISRAEL, Hyman	DC OQ #6 R-237	Dental Sv	12 Jan 46	156	353
43 JOHNSON, Nicholas J	MC OQ #7 R-205	Wd Off Plas Section	7 Nov 45	214	362
18 JOLLY, Paul N	MC OQ #6 R-1	Wd Off Surg Sv	1 Jun 45	217	353
44 JUDY, Robert L	MAC OQ #6 R-37	CO, Med Sec	2 Oct 45	368	353
32 KELLY, Henry E	DC 1221 E 79 St	Dent Off	1 Feb 44	156 EN	3108

50 KOHN, Paul M	MC 2472 Derbyshire Rd	Wd Off Med Sv	24 Jan 46	232	FA 8532
22 KREIDER, Raymond L	DC 607 South St	Dent Off	12 Oct 44	156	FL 9750
16 LOVERRO, Angelo	MC 375 Sweetbush Berea, Ohio	Wd Off NP Sec	12 Jun 45	326	
19 McCORMICK, Howard R	ChC OQ #7 R-3	Cath Chaplain	9 Nov 45	162	362
45 McFALL, Mary J	WAC OQ #5 R-214	Asst Registrar	5 Jan 46	287	343-R2
52 MANSHEIM, Bernard J	MC 6514 Colgate Ave	Wd Off NP Sec	17 Feb 45	311	ME 4987
6 MILLER, Rollis R Jr	MC 13501 Wainstead	Wd Off Surg Sv	28 Sep 45	103	
8 MORRIS, Helene M	FD OQ #5 R-240	Dir Fiscal Div	26 Sep 45	277	354
4 MULVEY, John M	DC OQ #6 R-227	Asst Cof Max- Fac Sec	5 May 44	335	353
40 MURPHY, Harry E	AUS OQ #6 R-215	Spec Sv Off	3 May 44	255	353
5 NATHERSON, Everett S	DC 5848 Ridge Rd	Dent Off	27 May 45	156	FL 2620
28 OSINSKIS, Walter B	DC 7081 York Rd	Dent Off	14 Dec 45	156	
2 PUGH, Willis L	MC 6906 Snow Rd	Asst Ch Ortho Section	2 Jan 45	107	SH 5829
53 RAIBLEY, Walter J	DC 174 Whitman Lane Berea, Ohio	Dent Off	7 Dec 44	156	
48 ROOT, Benjamin	MC OQ #7 R-204	Anesthetist	7 Nov 45	148	362
36 ROWE, Ernest M	DC 2095 Northland	Dent Off	13 Dec 45	156	BO 1737
17 RUBIN, Herbert E	MC 5821 Merkle Ave	Wd Off NP Sec	24 Aug 44	305	FL 6655
33 SAFERSTEIN, Abraham	MC 7102 Virginia Ave	Surg Sv	30 Jan 46	302	SH 4468
14 SAN DRETTO, Arthur	DC OQ #6 R-13	Dent Off	14 Dec 45	156	353
55 SEELY, Kenneth R	MAC Pearl Rd Cabins	Adm Asst Ch Surg Sv	16 Jan 46	148	
13 SHULMAN, Albert G	MC OQ #7 R-217	Ophthalmol- ogist	27 Nov 45	158	362
47 SMITH, Milton B	MC OQ #7 R-218	Plastic Surg	17 Dec 45	315	362
10 STRONG, James C Jr	MC OQ #6 R-15	Ophthalmol- ogist	30 Nov 45	203	353
23 STROTHER, William B	ChC OQ #7 R-4	Prot Chaplain	10 Jan 46	163	362
39 TEAGUE, Hubert R	MC OQ #6 R-9	Wd Off Plas Section	23 Nov 45	331	353
35 TERRELL, Virgil E	MC 1360 Giel Ave	ATT Surg	27 Apr 45	289	AC 5083
24 THOMPSON, William R	MC 2620 North 3rd St Cuyahoga Falls, O	Plastic Surg	2 Jan 46	316	WA 5559
42 ULRICH, Robert P	MC OQ #7 R-201	Wd Off Med Sv	13 Nov 45	232	362
31 VAN VACTER, Dale A	WAC OQ #5 R-217	Bacteriolo- gist	15 Jun 45	149	343
54 WEINSHEL, Edward M	MC OQ #7 R-7	Wd Off NP Sec	25 Nov 45	314	362
1 WILLIAMS, Lester B	FA 6209 Ridge Rd	Cof Recon Sec	5 Dec 44	323	SH 2312
9 WILLIAMS, Stephen A	MC OQ #6 R-203	Ortho Surg	2 Dec 45	117	353
27 WILLOUGHBY, John R	MC OQ #7 R-14	Wd Off Plas Section	5 Dec 45	205	362
33 WOOD, Robert C	MC 117 Whitman Lane Berea, Ohio	Wd Off Plas Section	9 Oct 45	211	BE 5145

FIRST LIEUTENANTS

18 BILSKY, Harold B	MC 2634 Lee Road	Wd Off NP Sec	8 Jan 46	311	YE 3740
15 BOUSQUET, Shirley	WAC OQ #4 R-217	Asst Cof Lab	29 Dec 45	151	341-R2
14 BREDBENNER, Robert G	ORD OQ #6 R-232	Educational	17 Aug 45	363	353
		Recon Off			
4 CASEY, Jack C	CAV OQ #6 R-38	PRO	19 Oct 45	259	353
8 CHAPMAN, George L	MAC 6104 Ridge Rd	Dir of Pers	8 Dec 43	249	SH 5957
5 DAINKE, Alice L	WAC OQ #5 R-236	CO, 107th WAC	13 Nov 45	327	354
		Hosp Co			
25 DIMOND, Edmund G	MC OQ #7 R-206	Wd Off Cardio-	9 Nov 45	224	362
		vascular Sec			
3 GARRE, Larry R	DC OQ #6 R-205	Dent Off	1 Jan 45	335	353
23 GOTTESMAN, Elihu	SnC OQ #6 R-31	Lab Off	3 Mar 44	150	353
26 JAYSON, Arthur V	MC OQ # 7 R-208	Plastic Surg	6 Nov 45	208	362
24 JOHNSTON, Elizabeth	WAC OQ #5 R-238	Exchange Off	4 Nov 45	185	354
12 LEONARDO, John H	MAC 6753 York Rd	CO, Det of	22 Oct 45	287	VI 9025
		Pnts			
17 LIPSITZ, Ellis S	MC OQ #7 R-9	Wd Off NP Sec	2 Jan 46	308	362
13 LUBIN, David	SigC 130 Keaths Lane	Cof Photo Lab	4 Jul 45	365	FL 7593
20 MADDEN, Thomas J	MC OQ #6 R-234	Asst Cof Recon	10 Dec 45	323	353
27 MANN, Leslie B	MC OQ #6 R-234	Wd Off NP Sec	23 Jan 46	326	353
21 MORGAN, William C	MC OQ #6 R-213	Plastic Surg	14 Jan 46	364	353
10 MORRIS, Harold H	MC 169 Goldsmith Lane	Wd Off NP Sec	15 May 45	237	-
2 NOCH, Clifford J	MAC 6725 Velma Ave	Mess Off	21 Aug 45	169	FL 3096
7 RYDER, Charles T	MC 7106 Forrest Ave	Wd Off Surg	12 Sep 45	113	SH 1246
		Service			
9 SCHNEIDER, Max	MAC 127 Shelly Rd	Cof Ed Recon	16 Feb 44	360	
		Section			
16 SLATMYER, Karel R	MC RD 1, Elyria, O	Surg Sv	4 Dec 45	148	EL40507
6 SLESSINGER, Ernest F	MAC OQ #6 R-11	Cof Phy Re-	26 Nov 45	323	353
		con Sec			
22 SWAN, Bernard R	MC Route 2, Berea, O	Wd Off Med Sv	5 Sep 45	303	BE 6080
28 THEIGE, Nerwin A	DC 7287 York Rd	Dental Sv	3 Jan 46	156	VI 9029
1 TORRELL, Lucy J	TC-WAC NQ #5 R-204	Asst Trans Off	31 Dec 45	136	343
11 ULRICH, Walter J	CE 6104 Ridge Rd	Asst Post Eng	4 Sep 43	129	FL 5620
19 ZIPP, Jack D	MAC 9204 Adams Ave	Cof Pnt Pers	20 Aug 45	286	LI 3345
		Branch			

SECOND LIEUTENANTS

23 BING, Allan L	PA OQ #6 R-217	I & E Officer	14 Oct 45	367	353
21 CLARK, Vernon E	MAC OQ #6 R-225	Psychologist	23 Nov 45	274	353
12 FRIEDLY, Robert C	MAC 1207 Warren Rd	Cof Mil Pers	6 Jan 45	249	AC 4240
		Branch			
19 GAFFIN, Norman E	MAC OQ #7 R-214	Adm Asst Cof	6 Nov 45	153	362
		Med			
1 GROSS, Frank A	QMC OQ #6 R-36	Asst QM	22 Nov 44	397	353
33 HANER, Frank E	MAC 2094 Chesterland	Cof Control	23 Oct 45	253	BO 5983
		Branch			

20 HAUSER, Richard S	MAC 123 Jefferson Lane	Claims Off	22 Aug 45	257	
3 HAWKINS, Robert H	SigC OQ #6 R-208	Sig Off	19 Dec 45	269	353
4 JEFFREY, Frank R	MAC OQ #6 R-234	Asst Med Sup Officer	2 Jan 46	393	353
8 KATZ, Elias	MAC OQ #6 R-201	Psychologist	10 Feb 45	274	353
13 LESTER, John	MAC 288 Ironwood Lane	Legal Asst Off	6 Jan 45	298	
22 LYLE, Robert J	MAC 3223 W 162 St	Adm Asst Cof Surg Sv	6 Jul 45	316	
7 MACALUSO, Carmelo P	SnC 7645 York Rd	Lab Off	3 Jan 45	150	VI 8925
14 McGUIRE, Joseph F	MAC OQ #6 R-231	Phy Recon Off	2 Jan 46	324	353
29 MAHAN, James C	MAC 4891 W 14th St	Lab Off Ser-ology Dept	21 Dec 45	151	SH 0285
30 MELECKI, George W	MAC OQ #6 R-235	Asst Spec Sv Officer	19 Jan 46	255	353
31 MILLS, Hugh L	MAC OQ #7 R-216	Asst Claims Officer	31 Dec 45	257	362
16 MINTZ, Murray M	CWS OQ #6 R-235	Off Sep Coun Br	26 Nov 45	297	353
32 MIXNER, Laura M	WAC OQ #2 R-27	Asst Cof Pnts	12 Dec 45	286	345
24 MORANG, Charles H	MAC OQ #6 R-223	Asst Pub Off	30 Dec 45	396	353
11 NUNN, Morrell A	MAC 83 Browning Ct Berea, Ohio	Pharmacy Off	2 Jan 45	152	BE 5231
34 OPPERMAN, Edward J	MAC OQ #6 R-236	Dep Certifying	25 Oct 45	264	353
25 PAPPAS, Peter V	MAC OQ #6 R-203	Asst P & C Off	30 Dec 45	385	353
17 PETERS, Fred T	MAC OQ #6 R-222	Adm Asst to Cof Surg Sv	11 Dec 45	147	353
5 PIVNICK, Harold	MAC OQ #7 R-203	Clin Psychol-ogist	30 Nov 45	274	362
35 REES, Robert M	MAC OQ #6 R-206	Adm Asst to Cof Med Sv	21 Dec 45	153	353
27 RIEMAN, Lester N	MAC 7014 Gilbert Ave	Adm Asst to Cof Surg Sv	25 Nov 45	393	
13 SCHLEICHER, Fred D	MAC 6032 Ridge Rd	Phy Recon Off	27 Jul 45	324	
6 SCOTT, Clyde E	MAC 6399 Pleasant Valley Rd	Asst Mess Off	11 Dec 45	164	IN 7301
26 TICHY, George J Sr	MAC 290 Ironwood Lane	Asst Pers Aff Officer	4 Sep 45	161	
36 WEAVER, Eugene	JAGD OQ #6 R-224	Asst Claims Officer	15 Oct 45	257	353
15 WEST, James A	MAC OQ #7 R-15	Asst CO Med Det	17 Dec 45	183	362
2 WILLIAMS, Frederick	QMC 6115 Ridge Rd	Sales Off	20 Feb 45	246	SH 5021
28 WOLKEN, Cyril D	MAC OQ #6 R-226	Ed Recon Off	28 Jul 45	367	353
9 YUNIS, Norman S	MAC 2055 Hillcrest	Civ Pers Off	21 Dec 44	260	SH 6394

WARRANT OFFICERS

WHITESIDE, John R	USA OQ #6 R-204	Bandleader	3 Dec 45		353
-------------------	-----------------	------------	----------	--	-----

DIRECTORY OF ATTACHED OFFICERS - CAPTAINS

2 EMERY, Orland G	AC 6240 Grayton	AAF Liaison Officer	1 Aug 45 293 BE 7295
1 LUCE, George H	MAC OQ #6 R-4	CO of PW	26 Sep 45 178 348

FIRST LIEUTENANTS

1 MARTIN, John W	INF 1723 W 32 St	AGF Liaison Officer	5 Nov 45 276 PR 2151
2 TERRY, Richard R	INF OQ #6 R-217	AGF Liaison Officer	20 Aug 45 314 353

SECOND LIEUTENANTS

1 TRIPPETT, Thurman	INF 2108 W 73 St	AGF Liaison Officer	5 Nov 45 276
---------------------	------------------	---------------------	--------------

DIRECTORY OF HOSPITAL DIETITIANSCAPTAINS

BASS, Mildred M	HD NQ #4	Head Dietitian	6 Jan 44 166
-----------------	----------	----------------	--------------

FIRST LIEUTENANTS

GOECKER, Marie A	HD NQ #5	Dietitian	31 Jul 44 165
COOK, Carroll M	HD NQ #5	Dietitian	18 Nov 45 165

SECOND LIEUTENANTS

FLYNN, Ruth M	HD NQ #4	Dietitian	31 Jul 44 165
JOHNSON, Anita C	HD NQ #4	Dietitian	13 Jan 46 165
WEBB, Suzanne H	HD NQ #5	Dietitian	22 Nov 45 356
WRIGHT, Helen	HD NQ #5	Dietitian	1 Jun 45 165

DIRECTORY OF PHYSICAL THERAPISTS - CAPTAINS

HELTMAN, Grace M	PT OQ #4	Phys Therapist	12 Mar 44 142
------------------	----------	----------------	---------------

FIRST LIEUTENANTS

NESBITT, Winifred R	PT NQ #2	Phys Therapist	3 Sep 44 142
SACKSTEDER, Mary E	PT NQ #2	Phys Therapist	1 Jan 45 142

SECOND LIEUTENANTS

CASE, Beatrice L	PT NQ #2	Phys Therapist	23 Sep 45 142
CAVIANI, Evangeline S	PT NQ #2	Phys Therapist	10 Aug 45 142

RELIEVED FROM DUTY DURING PAST MONTH

NAME	RANK	A/S	ASN	AUTHORITY	DATE
EWING, Joseph W	Capt	MC	0468711	Par 7, SO 20, CGH	28 Jan 46
FORTUNE, James F	1st Lt	MC	0926318	Ltr Order Hq 5th SvC SPVSM 210.3	14 Jan 46
GROTJAHN, Martin	Capt	MC	0512749	Par 8, SO 20, CGH	28 Jan 46
HASTEN, Fred M	Capt	DC	01683047	Par 19, SO 8, CGH	14 Jan 46
LANDENBERGER, Walter	Capt	MAC	01534785	Par 2, SO 13, CGH	18 Jan 46
LETZLER, Walter	Capt	MAC	01542717	Par 2, SO 13, CGH	18 Jan 46
MEREDITH, Thomas O	Maj	MC	0474651	Par 9, SO 4, CGH	8 Jan 46
MONROE, Maynard L	2d Lt	MAC	01998395	Par 11, SO 10, Hq 5th SvC	17 Jan 46
PISTER, Max	Capt	MC	0493357	Par 8, SO 10, CGH	16 Jan 46
PULLER, Herbert I	Capt	MC	0423895	Par 7, SO 20, CGH	28 Jan 46
RUDIN, Louis N	Capt	MC	0341124	Par 18, SO 307, CGH	1 Jan 46
SCHRODER, Charles R	Capt	MC	01693216	Par 8, SO 10, CGH	15 Jan 46
SONDAG, Roger H	Capt	MAC	01546761	Par 16, SO 1, CGH	4 Jan 46
STONE, Sidney R	Lt Col	MC	0296903	Par 3, SO 310, CGH	2 Jan 46
WEITZ, Myron A	Lt Col	MC	0217383	Par 3, SO 310, CGH	2 Jan 46
WUNDERLICH, Fred J	Capt	MAC	01534194	Par 18, SO 309, CGH	1 Jan 46

UH 470 A203 qC9h 1946

454

14231500R



NLM 05100599 0

NATIONAL LIBRARY OF MEDICINE